

GUIDE
TO THE
MEDICAL AND DENTAL
PROFESSIONS.

PERCIVAL TURNER.



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(Son of a well-known Practitioner).

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GUIDE

TO THE

MEDICAL AND DENTAL PROFESSIONS.

WITH A CHAPTER ON LADY DOCTORS

By MISS F. M. STRUTT-CAVELL.

A COMPREHENSIVE HANDBOOK OF
INFORMATION AS TO MEDICAL SCHOOLS, ETC.,
FEES FOR CURRICULUM, EXAMINATIONS, REGULATIONS
AND ETHICS RELATING TO PRINCIPALS AND ASSISTANTS, PURCHASE
AND SALE OF PRACTICES AND PARTNERSHIPS, PRACTICE ABROAD,
ARBITRATIONS, BOOK-KEEPING, APPOINTMENTS OPEN TO
MEDICAL MEN, HOW OBTAINED, SALARIES, ETC.

BY

PERCIVAL TURNER.

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DENTAL SURGERY.

PREFACE.

THE present volume breaks new ground. It is true that some twenty years ago what purported to be a complete "Guide to the Medical Profession" was published, but, for reasons which will readily occur to most, the work is now, for all consultative purposes, valueless. The present writer's aim has been to produce a handbook, wholly reliable as far as it goes, which shall give, *inter alia*, the chief regulations controlling entrance into the Medical and Dental professions, a list of schools and qualifying bodies, fees payable, appointments held, customs respecting principals and assistants, hints as to the sale and purchase of practices, and other information likely to be of service.

While conscious of many defects, and possibly some errors, which are, perhaps, inevitable in an original issue, it is due to say that no effort has been spared to make the work exact and wholly trustworthy. Readers will hardly conceive the immense amount of labour and inquiry involved in the compilation of comparatively so small a work. In this connection, the author may state that he will be grateful for the correction of any error which may have crept in unawares, or any suggestions for further

improving, in a subsequent edition, a work which within its scope is intended to be a *vade mecum* to the whole profession.

No doubt the practitioner of standing will meet with much in these pages of which he was fully cognizant beforehand, but a work of this character, in order to meet the needs of all, has, first and foremost, to be complete even at the cost of including detail which may appear trivial or is generally known.

For a similar reason, an experienced lady writer, with access to special sources of information on the subject, was asked to contribute a chapter on Lady Doctors. The incursion which, during recent years, they have made into the field of medical practice seems to call for more than a passing notice, and the information given will probably prove of interest to the profession generally, as well as, it is to be hoped, useful to those more immediately concerned.

In conclusion, the writer would wish to tender his hearty thanks to all those who have assisted him in the compilation of this guide, by supplying the necessary facts and figures requisite to build up the various tables inserted herein.

4, ADAM STREET, ADELPHI, LONDON, W.C.,

September, 1895.

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MEDICAL AND DENTAL GUIDE.

INTRODUCTORY.

“DON’T” was the very significant advice of our old friend *Punch* some years ago to people about to marry, and if some of those who contemplate entering the medical profession could be persuaded to accept the same friendly warning, they would probably in after-life have no reason to regret their decision.

The medical has from time immemorial been regarded as one of the most honourable of the learned professions, whilst it has, for the most part, been entered upon by those who combined with natural aptitude the intellectual and physical qualities necessary to ensure success. In the present day, unfortunately, there is a tendency to draft into its ranks men who, from many causes, are utterly unfitted for it, who have no pretensions whatever to the title of gentlemen, and are entirely lacking in the delicacy and refinement of feeling indispensable to the successful practice of the healing art. They enter the portals to gratify the ambitions of parvenu parents, or with the sole object of making a living; but such men never rise to any position of eminence, and certainly do not help to raise the tone of the profession.

That a good living can be, and not unfrequently is, made by the fortunate cannot be denied, though often at the

expense of health and comfort, and only after many years of unremitting toil, disappointment, and self-sacrifice. Comparatively speaking, very few practitioners earn a sufficient income to maintain and educate their families and leave them a competency, which in a good trade or business is of common occurrence.

Notwithstanding the regulations of the General Medical Council, issued in January, 1892, requiring a five years' curriculum before any licence to practise is granted, the numbers flocking into the profession are, according to statistics, far in excess of those retiring or dying, or even of those necessary to meet the wants of an increasing population; and it follows that hundreds of young men now walking the hospitals must inevitably find themselves unable to gain a satisfactory income from their vocation. Unless possessed of private means, or decided talent for their profession, it would be far better to choose some less overcrowded sphere of labour.

As this guide is intended, however, to be more especially for those already committed to the profession, it is, perhaps, somewhat out of place to start by recommending any one to turn back. My only object is to sound a note of warning, so that the over-sanguine may "be wise in time."

In the succeeding pages I propose to briefly notice the various steps and stages from the time the would-be Æsculapius leaves school to his retirement, should so desirable a consummation fall to his lot. Alas! more often than not, the struggling doctor—first to be called in, and last to be paid—finds himself, after perhaps fifty years of devotion to his profession, left, if not absolutely penniless, very scantily provided for in his old age.

CHAPTER I.

GRADES OF PRACTICE.

IN the medical, as in other professions, there are many different grades.

The chief of these are—

1. PURE CONSULTANTS.—These comprise the most eminent men in medicine and surgery, men of the highest attainments and degrees, who practise solely as consultants to patients, in conjunction with or introduced by their regular medical attendant. Many of these have distinguished themselves in their profession, and received titular honours. The fees of consultants range from two guineas upwards.

2. CONSULTING AND NON-DISPENSING PRACTITIONERS.—These, for the most part, practise in the West End and better-class residential districts around London, or in the larger provincial and country towns. They visit and prescribe for patients at fees ranging between those of the pure consultant and the general practitioner, and are often called in consultation by general practitioners.

3. GENERAL PRACTITIONERS.—This is by far the largest and best-known class in the profession, and includes, it is computed, three-fourths of the number on the medical

register. This section includes all those who take up the multifarious duties of general practice, including visiting and dispensing, or prescribing at home for all sorts and conditions of men. Parochial, club, and other appointments, involving often much drudgery and thankless toil, also fall to the lot of this class of practitioner. The fees are necessarily elastic, being as far as possible regulated to the means of their patients. Further details will be found in the chapter on "Book-keeping" (see p. 114).

4. SPECIALISTS.—This is a class of practitioners of comparatively modern growth, but year by year growing more common as the field of research and discovery in medical science becomes wider. They are distinguished from the general body of practitioners by having given almost exclusive attention to certain branches of medicine or surgery, and they devote themselves solely to such specialty. Both the public and the profession have of late years shown a marked appreciation of their services, with the natural result of a large increase in their numbers, the prejudice which was at first inclined to be shown towards them having been quite overcome. Their fees are high and scarcely definable.

5. OPEN SURGERIES.—Formerly a considerable number of practitioners in London and large provincial towns carried on their practice amongst the poorer classes at low fees, combining medical advice with a retail department for the sale of various household medicines, and other articles mostly sold in the present day by chemists. Now comparatively few of these practices exist, save in the poorer districts of London, or in densely populated provincial towns. They are usually conducted by men who, by lack of means, or perhaps from physical defect, are unfitted for

the better class of practice. In spite of their unpretentious externals, these practices are usually respectably conducted by duly qualified and registered men, and meet a want between the fees charged by the general practitioner on the one hand, and the gratuitous attendance afforded by the poor law system and hospitals on the other. Of late years these open surgeries have in a great measure been superseded by—

6. PROVIDENT (so called) DISPENSARIES.—These establishments have, during the last twenty or thirty years, sprung up all over London and in many of the larger provincial towns, and have undoubtedly done much to injure the tone and reduce the fees of legitimate medical practice. Circumstances have afforded me a considerable insight into the working of these establishments, which I have no hesitation in denouncing as, for the most part, a disgrace to an honourable profession. Some few of them are doubtless honestly and conscientiously conducted, but these are exceptional. The majority are started and owned by men who have failed to acquire any position in the profession, through ignorance, unfitness, indolence, intemperance, or dissipation. Others belong to men who open several in different districts as a mere business speculation, and leave the working of them almost entirely to assistants, frequently unqualified. A brief account as to how these dispensaries are worked may serve to interest and amuse those who are unfamiliar with the system employed.

The proprietor starts by selecting a poor and densely populated district, where two rooms are engaged on the ground floor in as prominent a position as can be secured. One is fitted up as a waiting-room, with chairs, a table, and

an assortment of cheap literature ; the other, a smaller one, is used as a consulting-room, a portion being screened off for the dispensing department ; but, seeing that all the drugs used comprise usually not more than about a dozen varieties of the cheapest to be procured, such as magnes. sulph., acid. sulph., inf. quassia, aqua chloroformi, saccharum ust., and a few others, a very small space suffices for this department, and the expense of fitting up the dispensary is trifling. Patients are secured by the free distribution of flimsy handbills scattered broadcast over the neighbourhood. The following is a fac-simile of one of these bills :—

TO THE WORKING CLASSES.

THE CURE-ALL DISPENSARY, 123, BLANK STREET.

This Dispensary has been opened for the benefit of the Poor desiring competent Medical Advice, and unable to pay the usual Charges of Medical Men.

Fees. Advice and medicine at surgery, 4*d.*

Visit and medicine at home, 1*s.* ; or by the week, from 2*s.* 6*d.*

Hours of attendance, 11 to 1 and 6 to 9. Sundays, 11 to 1.

Midwifery, from 7*s.* 6*d.*

Special attention to Diseases of Women and Children.

Patients must bring their own bottles or pay for same.

Occasionally the name of the owner appears on the bill, but is more frequently withheld to avoid possible penalties for unprofessional conduct. The handbill in due course produces various patients, who, after a more or less prolonged wait in the outer room, are ushered into the doctor's presence. What is known in dispensary language as "working the visitations" is a very important feature in these practices, and means that, wherever possible, the patients are led to believe they are very ill and must stay

in bed, and be there visited by the physician, whose object is evident. Women, usually the chief patients at these establishments, are warned they are suffering from some obscure uterine disease and require a pessary, which they are led to believe is an expensive instrument, and are frequently charged 5s. for, although these same articles are purchased by the gross at less than 6d. each.

Having purposely visited several of these establishments, and been present when patients are being treated, I have been able to ascertain for myself how shamefully the poorer classes are imposed upon.

I have dwelt at some length on this subject, with the object of opening the eyes of those entering the profession to the character of these dispensaries. Men who carry on such practices are a disgrace to the profession.

These remarks, of course, do not in any way apply to recognized and properly conducted public dispensaries.

CHAPTER II.

THE STUDENT AND THE MEDICAL CURRICULUM.

IN former years a previous pupilage or apprenticeship to a practitioner was a necessary preliminary to the hospital course, and it is much to be regretted that this admirable rule has been virtually abolished—a legal apprenticeship being no longer required—for in no other way is such a thorough grounding in the daily routine of general practice and its numerous petty details acquired. The intellectual and scientific knowledge now required is undoubtedly of a higher standard than formerly; and well it is so, otherwise the profession would be still more crowded than at present.

Assuming, then, that our embryo Galen has had a good general and classical education, and has fully made up his mind to work and study, he must, before he can commence his professional studies, pass a preliminary examination qualifying for registration, such, for instance, as the Matriculation Examination of the London University, the College of Preceptors Examination, the Arts Examination of the Apothecaries' Society, examinations of the various universities and other bodies, whose certificates entitle the candidate to registration, and such certificates, or other

evidence of the preliminary examination having been passed, being produced to the Registrar of the General Medical Council, the candidate is forthwith registered as a medical student.

No professional studies commenced before registration, except in the cases of chemistry with chemical physics, materia medica, and pharmacy, will be recognized. The instruction in practical pharmacy must be given by a recognized medical practitioner, or by a member of the Pharmaceutical Society of Great Britain, or in a public hospital, infirmary, or dispensary.

The next step is the choice of a medical school, and here great care should be taken, as upon a wise selection may depend in a great measure the future career of the student. In many cases a friend or relative has previously trodden the same paths, and can give much valuable assistance and advice; but, for the benefit of those without any such counsellor, I subjoin a tabular list of the principal medical schools in Great Britain, and, so far as I have been enabled to obtain it, the approximate expense of the necessary curriculum. It will be seen that there is a considerable range in the scale of fees, and the highest do not necessarily mean the best results.

Medical schools.				Average number of students.	Beds.	Minimum total fees.	
LONDON.						£	s.
St. Bartholomew's	...	...	...	500	674	157	10
Charing Cross	...	...	...	200	210	115	10
St. George's	...	...	...	160	350	145	0
Guy's	...	...	...	450	690	150	0
King's College	...	...	...	205	220	135	0
London Hospital	...	...	...	350	786	126	0

Medical schools.	Average number of students.	Beds.	Minimum total fees.
LONDON— <i>continued.</i>			
St. Mary's	450	281	135 0
Middlesex	350	320	126 0
St. Thomas'	400	500	150 0
University	320	207	141 15
Westminster	100	210	115 0
PROVINCIAL.			
University of Durham, College of Medicine, Newcastle-on-Tyne	—	280	{about 99 15
University College, Victoria University, Liverpool	170	300	112 0
Sheffield School of Medicine ...	50-60	350	110 0
Mason's College, Birmingham	250	500	105 0
University College, Bristol ...	100	464	100 0
Yorkshire College, Leeds ...	210	471	115 10
Owens College, Manchester ...	405	1000	112 0
Oxford University	Separate medical returns not obtainable.		
Cambridge University			
SCOTLAND.			
University of Aberdeen, Royal Infirmary	Not obtainable}	975	90 0
University of Edinburgh	„	780	150 0
University of Glasgow	„	550	100 0
University of St. Andrews, Dundee	„	286	{Separate fees for each course
Anderson's College, Glasgow ...	204	400	73 18
Edinburgh School of Medicine, Minto House School, Edinburgh	1000	500	95 0
St. Mungo's College, Glasgow	100	{ Royal Infirm. 600 }	68 15
Edinburgh School of Medicine for Women	—	{ Leith Hospital 100 }	95 0
Queen Margaret College, Glasgow, for Women	52	110	97 13

Medical schools.	Average number of students.	Beds.	Minimum total fees.
IRELAND.			
Catholic University	210	None	120 15
Queen's College, Belfast	248	200	100 0
Queen's College, Cork	195	500	No consolidated payment; fees payable for each course attended
Queen's College, Galway	—	200	
School of Physic, Trinity College, Dublin	230	100	
			114 19

NOTE.—Where no Hospital is attached to the Medical Schools, the number of beds available for clinical study is given.

A letter to the Dean of any of the above will at once bring a printed prospectus, giving information as to registration as a student, fees, classes, course of study, and scholarships open, etc. Having determined on the school, it will be advisable, if possible, to see the dean or registrar, and take his advice as to the best course of procedure, he being able and willing to give all information and supply the necessary forms for registration, etc., and also to advise as to the best books to study, and, if required, give information as to lodgings and other matters. To enter into all the routine of students' hospital life, to specify the various subjects for study, and lectures to be attended, and the departments of medical science to be mastered before the fully qualified state is gained, are beyond the scope of this little manual. Much useful information can be obtained from the special student's number of *The Lancet* or *British*

Medical Journal, issued every year about September 1, prior to the opening of the various medical schools; and this information, being corrected up to the date of publication, can be depended upon to contain all the latest regulations and rules, which in some respects are being constantly varied. I will, therefore, here give but a brief *résumé* of the course of study necessary to complete the prescribed curriculum.

If the student has not already studied chemistry, materia medica, and pharmacy, these subjects, with elementary biology and osteology, will form his first subjects for study. If he has studied chemistry, etc., he should present himself at the earliest examination after entering a medical school.

Physiology and anatomy, which form the Second Examination of the Conjoint Board, should be taken next. During the time the student is working for these first two examinations, he should take every opportunity of seeing all he can in the out-patient department of the hospital, and with regard to his anatomy, let it be learnt in the dissecting-room, and not in the study.

After passing the Second Examination, the student enters upon his really medical and surgical work. Now begins his work as a clerk or dresser in the out-patient department, and in due course he must attend upon a physician and surgeon, and all the specialists, such as surgeons for diseases of the ear, throat, eye, teeth, etc. He will read, and attend lectures on medicine, surgery, midwifery, practical medicine, practical surgery, practical midwifery, pathology, forensic medicine, psychological medicine, and post-mortem examinations. His complete course of study will occupy five years, and to every intending

student I would say, "Read steadily and constantly, see all you can, and be inquiring ; guarding against fitful reading at one time, and over-study at another."

If the student aspires to a degree in medicine, the course will be somewhat more protracted, but if expense be no object, it will more than repay him for the extra work and outlay. The following are the subjects for each Examination of the Conjoint Board :—

First Examination.—Chemistry and Chemical Physics and Practical Chemistry, Elementary Pharmacy, and Elementary Biology.

Second Examination.—Anatomy, Physiology, and Practical Physiology.

Third Examination.—Part I. Medicine, including Medical Anatomy, Pathology, Pharmacology, Therapeutics, Forensic Medicine, and Public Health.

Part II. Surgery, including Pathology, Surgical Anatomy, and Apparatus.

Part III. Midwifery, and Diseases peculiar to Women.

Final Examination.—Clinical Medicine, Clinical Surgery, and Midwifery.

CHAPTER III.

QUALIFICATIONS REGISTRABLE, AND REGISTRATION.

ALTHOUGH registration is not compulsory, no unregistered practitioner can legally recover any charges in a court of law; neither can he hold any appointment in the Army, Navy, or Indian services, nor in any public institution, parochial union, or friendly society, nor in any passenger ship; neither can he sign any death or other certificate required by Act of Parliament.

The qualified practitioner, therefore, should lose no time in registering his qualifications. This is done by producing personally, or sending through the post to the Registrar of the General Medical Council for England, Scotland, or Ireland (according to the country from which the diploma was issued), the required proof of qualification, together with the registration fee of £5.

For the one fee any number of qualifications can be registered at one time, but for any subsequent qualification added, an additional fee of 5s. is payable.

The offices of the registrar are as under:—

England—299, Oxford Street, London, W.

Scotland—1, George Square, Edinburgh.

Ireland—35, Dawson Street, Dublin.

The following list furnishes information respecting degrees or diplomas recognized by the Council and the bodies granting the same:—

Name.	Degrees or diplomas and examination fees.	Dates of examinations.	To whom to apply for further information.
ENGLAND.			
University of Cambridge	M.B., B.C., £12 12s.; M.D., £10; M.C., £3 3s.; D.P.H., £10 10s.	Michaelmas and Easter Terms	Registrar of University Registry, Cambridge.
„ Durham	L.M., £3; L.S., £3; M.B., £25; B.S., £5; M.D., £5; M.S., £5. B.Hy., £10 10s.; D.Hy., £5; L.S.Sc., £10 10s.; D.P.H., £10 10s.; M.D. for practitioners of 15 years' standing, £52 10s.	April and September	Secretary, College of Medicine, University of Durham.
„ London	M.B., £5; B.S., £5; M.D., £5; M.S., £5.	M.B., October and May; B.S., M.D., and M.S., in December	Registrar, University of London, Burlington Gardens, London, W.
„ Oxford	M.B., B.Ch., £14; M.D., £25; M.Ch., £17; D.P.H., £10.	Michaelmas and Trinity Terms	Secretary, Board of Faculty, Old Clarendon Buildings, Oxford.
„ Victoria	M.B., Ch.B., £15; M.D., £10; Ch.M., £5; D.S.S., £8 8s.	M.B. and Ch.B., March and July; M.D., March; Ch.M., July; D.S.S., July	Registrar, Victoria University, Manchester.
Royal College of Physicians	L.R.C.P., £15 15s.*; M.R.C.C.P., £42 (if already L.R.C.P., fee only £26 5s.); F.R.C.C.P., £63.	January, April, July, October; F.R.C.C.P. by election by ballot only, no examination	Secretary, Royal College of Physicians, Pall Mall East, London, W.

* Only granted separately now, under special conditions, to candidates who commenced study prior to 1884.

Name.	Degrees or diplomas and examination fees.	Dates of examinations.	To whom to apply for further information.
ENGLAND (<i>continued</i>). Royal College of Surgeons	M.R.C.S.,* F.R.C.S., £31 10s. (£15 15s. if already M.R.C.S.)	January, April, July, October for M.R.C.S.; May and November for F.R.C.S.	Secretary, Royal College of Surgeons, Lincoln's Inn Fields, London, W.C.
The College of Physicians and Surgeons now grant as a Con- joint Board	L.R.C.P., M.R.C.S., £36 15s.; D.P.H., £10 10s.	January, April, July, and October for L.R.C.P., M.R.C.S.; January and July for D.P.H.	Secretary, Examination Hall, Victoria Embank- ment, London, W.C.
Society of Apothecaries	L.S.A., £15 15s.	Monthly	Secretary of Court of Ex- aminers, Apothecaries' Hall, Blackfriars, Lon- don, E.C.
SCOTLAND. University of Aberdeen	M.B., Ch.B., £23 2s.; M.D., £10 10s.; Ch.M., £10 10s.; D.P.H., £5 5s.	March and July	Secretary of Medical Faculty, University of Aberdeen.
University of St. Andrews	M.B., Ch.B., £23 2s.; M.D., £10 10s.; Ch.M., £10 10s.; M.D. for Practitioners of 40 years of age and upwards, £52 10s., including stamp duty	March and July	Dean of Faculty of Medi- cine, University of St. Andrews.

* Only granted separately now, under special conditions, to candidates who commenced study prior to 1884.

Name.	Degrees or diplomas and examination fees.	Dates of examinations.	To whom to apply for further information.
SCOTLAND (<i>continued</i>). University of Edinburgh	M.B., Ch.B., £23 2s.; M.D., £10 10s.; Ch.M., £10 10s.; B.Sc., £6 6s.; D.Sc., £10 10s.	March and July	Dean of Faculty of Medicine, University of Edinburgh.
„ Glasgow	M.B., Ch.B., £23 2s.; M.D., £10 10s.; Ch.M., £10 10s.; D.P.H., £5 5s.; B.Sc., £10 10s.; D.Sc., £5 5s.	April, July, October	Assistant Clerk, University of Glasgow.
Royal College of Surgeons	L.R.C.S.,* £15 15s.; F.R.C.S., £45; if L.R.C.S., only £30	L.R.C.S., January and April; F.R.C.S., July and October	Clerk to Royal College of Surgeons, 1, George Square, Edinburgh.
Royal College of Physicians	L.R.C.P.,* £15 15s.; M.R.C.P., £31 10s. (£15 15s. if L.R.C.P.); F.R.C.P., £31 10s., stamp duty £25 extra	Monthly except September and October	Secretary, Royal College of Physicians, 4, Melville Crescent, Edinburgh.
Faculty of Physicians and Surgeons of Glasgow. The three last-named now grant what is termed the Triple Qualification of Edinburgh	L.F.P.S.,* £15 15s.; F.F.P.S., £30 L.R.C.P., L.R.C.S., and L.F.P.S. Glas., £30; D.P.H. Sco. Conjoint, £10 10s.	January, April, July, October Triple, January, April, July, October; D.P.H., May and October	Secretary of Faculty of Physicians and Surgeons, Glasgow. Secretary of Triple Qualification Board, 1, George Square, Edinburgh.

* Not granted separately, except to candidates already holding a recognized qualification.

Name.	Degrees or diplomas and examination fees.	Dates of examinations.	To whom to apply for further information.
IRELAND. University of Dublin (Trinity College)	L.M., L.Ch., L.A.O., £11; M.B., B.Ch., B.A.O., £17; M.D., £13; M.A.O., £5; D.S.M., £2	November, January, and June, except D.S.M., which is December only	Registrar, School of Physic, Trinity College, Dublin.
Royal University	M.B., B.Ch., B.A.O., £10; M.D., £5; M.Ch., £5; M.A.O., £5; D.S.S., £2	April and October	Secretary, Royal University of Ireland, Earlsford Terrace, Dublin.
Royal College of Physicians	L.R.C.P.,* £15 15s., £5 5s. if already a graduate of any university in Britain; L.M.R.C.P., £3 3s.; M.R.C.P., £21; F.R.C.P., £35, and £25 stamp duty	January, April, July, and October for M.R.C.P.; February, May, and November for L.R.C.P. and L.M.; F.R.C.P. by Ballot only, April and October	Registrar, Royal College of Physicians, Kildare Street, Dublin.
Royal College of Surgeons	L.R.C.S.,* £26 5s.; L.M., R.C.S., £2 2s.; F.R.C.S., £42, or if L.R.C.S., only £26 5s.	February, May, and November	Registrar, Royal College of Surgeons, Dublin.
Royal College of Surgeons and Royal College of Physicians Conjoint Board Apothecaries' Hall	L.R.C.P. and S.I., £42; D.S.M. conjoint, £10 10s. L.A.H. (Dub.),* £10 10s.	April, July, October for L.R.C.P. and S.I.; February, May, November for D.S.M.	Registrar, Royal College of Surgeons, Dublin.
Royal College of Surgeons and Apothecaries' Hall conjointly	L.R.C.S.I. and L.A.H., £26 5s.	January, April, July, October	Secretary and Registrar, Apothecaries' Hall, Dublin. Ditto.

* Not granted alone, except to practitioners holding a recognized qualification granted prior to July, 1887.

DEGREES TO PRACTITIONERS ALREADY IN PRACTICE AND OTHERWISE QUALIFIED.—To meet the requirements of qualified and registered practitioners who in after-life feel the want of a degree and the legal right to the title of “doctor” which only a degree confers, three universities have issued special regulations whereby the much-coveted degree is granted, as follows :—

1. *University of London*.—Registered practitioners of not less than twenty-five years of age, and of three or more years’ standing, who have already passed or who shall pass the Matriculation and Preliminary Scientific Examinations, may proceed to the Intermediate and Final Examinations without the prescribed intervals, on producing the necessary certificates to prove that the required course has been previously gone through. Examinations are held annually in December, and the fee is £5. Further information can be obtained on application to the Registrar, University of London, Burlington Gardens, W.

2. *University of Durham*.—Registered practitioners of over forty years of age, and not less than fifteen years’ experience in active practice, shall be eligible for examination on passing an examination in Classics and Mathematics (if he has not already passed in Arts), and translating certain passages in Cæsar, Virgil, or Celsus. The fee is 50 guineas, and examinations are held in April and September, at Newcastle-upon-Tyne. Full information can be obtained from the Registrar, University of Durham, College of Medicine, Newcastle-upon-Tyne.

3. *University of St. Andrews*.—The degree of M.D. is conferred on any practitioner duly registered, of approved position and experience, and over forty years of age, who

shall pass the requisite examination. The fee is 50 guineas. Only ten of these degrees are granted in any one year. Full information can be obtained on application to the Dean, Faculty of Medicine, University of St. Andrews. The above are all registrable.

The University of Brussels.—This university also grants a degree of M.D. to any British practitioner holding medical and surgical qualifications without further curriculum on passing the required examination, which is conducted in French through an interpreter. The examination is in three parts, and is *vivâ voce*, and is held in November, December, February, May, and June, occupying about a week. Candidates must leave their diplomas with the registrar prior to examination. The total fee is £22. Full information can be obtained from Dr. Mayer Greenwood, Hon. Sec. Brussels Medical Graduates Association, 243, Hackney Road, London, N.E.

The degree, if obtained subsequent to June, 1887, is not registrable in the United Kingdom.

CHAPTER IV.

COVERING, AND THE EMPLOYMENT OF UNQUALIFIED ASSISTANTS.

UNTIL within the last fifteen or twenty years, the employment of unqualified assistants was undoubtedly much abused, and men oftentimes utterly ignorant of the science, and with the merest smattering of professional knowledge, were frequently left in sole charge of practices. Now, however, thanks partly to the Medical Defence Union and other organizations, the Medical Council has taken action in the matter, and forbidden this unqualified and illegal practising. The whole profession has been notified that to continue to improperly employ unqualified assistants, or to allow them to practise otherwise than under the immediate and personal supervision of their principal, would be considered infamous conduct, and render those guilty of it liable to have their names removed from the register.

At first sight the action may appear somewhat harsh, and it has been urged that obstacles are thereby placed in the way of young men learning their profession. This, however, is a groundless objection. The Council have no wish to limit the employment and training of unqualified

assistants. The object is to provide against responsible duties, involving loss of life or health, being delegated to those not qualified to undertake them. No objection has been, or is likely to be, raised to any practitioner keeping an assistant "*sine diploma*," so long as he does not allow him in any way to practise except under the *immediate* supervision of his principal.

To accurately and absolutely define the duties of an unqualified assistant is scarcely possible, as they naturally vary in circumstances. It must ever be borne in mind that under no condition can any services be recognized as legal, or charges be recovered for work done by any but a duly qualified and registered practitioner. He who employs, therefore, an unqualified assistant, otherwise than merely as an assistant, and not in any way as a responsible party, does so at his peril. To further define the position the Council takes in the matter, I cannot do better than refer to a few of their principal resolutions as printed in the volumes of *Minutes*, which, by the courtesy of the registrar, Mr. Miller, I have recently had an opportunity of studying. They are as follows.

On April 21, 1893, the Council passed the following resolution :—

“That the COUNCIL record on its *Minutes*, for the information of those whom it may concern, that charges of gross misconduct in the employment of Unqualified Assistants, and charges of dishonest collusion with Unqualified Practitioners in respect of the signing of medical certificates required for the purposes of any law or lawful contract, are, if brought before the COUNCIL, regarded by the COUNCIL as charges of infamous conduct under the *Medical Act*.”

This resolution has been from time to time advertised

in the chief medical papers, for the information of those it may concern.

On February 27, 1888, the Executive Committee reported on the subject to the General Council that in its opinion—

“A Registered Medical Practitioner would render himself liable to the censure of the MEDICAL COUNCIL in case of the employment of an Unqualified Assistant in the practice of Medicine, Surgery, or Midwifery on behalf and for the benefit of such Registered Practitioner, either in complete substitution for his own services, or under circumstances in which due personal supervision and control are not, or cannot be, exercised by the said Registered Practitioner.”

The Executive Committee further stated their opinion that “covering” meant the act whereby a registered practitioner enables or assists an unqualified person to practise as if he were qualified.

“The EXECUTIVE COMMITTEE furthermore called attention to a *Resolution* passed by the GENERAL COUNCIL on April 21, 1883 (Vol. XX. p. 91), which implies that, in the COUNCIL’S opinion, ‘any Registered Practitioner practising for gain, who knowingly and wilfully deposes a person not registered or qualified to be registered under the *Medical Act* to professionally treat on his behalf, in any matter requiring professional discretion or skill, any sick or injured person, “should” be subject to the same legal liabilities as a person who falsely represents himself to be a legally qualified Medical Practitioner : but with special proviso that such enactment “should” not hinder any duly regulated training of pupils in Medical Schools or otherwise by legally qualified Practitioners, nor the use of trained pupils in partially treating the sick or injured under the direction, supervision, and responsibility of such practitioners, nor any legitimate employment of nurses, midwives, or dispensers.’ ”

As instances of the action of the Council in respect of proved instances of “covering,” the following cases may be cited, all of which are quoted from the *Minutes* of the Council :—

“In November, 1888, four other cases were brought under the notice of the GENERAL COUNCIL, and the offence of ‘covering’ having, after careful consideration, been proved in two of the cases, the names of the two Practitioners, thus found guilty of ‘infamous conduct in a professional respect,’ were, by the COUNCIL’S orders, erased from the *Medical Register*.

“In November, 1890, the GENERAL COUNCIL considered the case of another Practitioner who had been summoned, and appeared before the COUNCIL in answer to his summons, on the following charge :—

“That he habitually employed and allowed a Medical Practitioner not duly qualified to attend on patients whose care he had undertaken, and to perform, in relation to the medical attendance on such patients, duties which could not properly, and ought not to be, discharged by a person who is not duly qualified as a Registered Medical Practitioner.

“In May, 1891, the GENERAL COUNCIL directed the removal from the *Medical Register* of the name of a Practitioner who had been summoned to appear, and was found guilty of infamous conduct in a professional respect on the following charge :—

“That he had continuously throughout the year acted as cover to a person who was not registered or qualified to practise as a Registered Medical Practitioner ; that is to say, that he had, in concert with the said person, and by permitting him the use of his name, enabled him improperly to practise and sign Medical Certificates as if he had been a duly qualified Registered Medical Practitioner.

“In November, 1891, two Practitioners were also summoned, and, after consideration, their names were erased from the *Medical Register* on the following charge, respectively :—

“That he, being a Registered Medical Practitioner, caused and enabled a medical practice to be improperly carried on in his name, and for his benefit, by means of the employment of an Unqualified person, in which medical practice so carried on there was gross misconduct and culpable neglect of patients.

“In May, 1892, the GENERAL COUNCIL directed the removal from the *Medical Register* of the names of two Practitioners who, having been summoned to appear, were found guilty of infamous conduct in a professional respect on the following charge :—

“That they systematically permitted and enabled an Unqualified person, under cover of their names and qualifications, to attend and prescribe for patients on his own responsibility in all respects

as if he were duly qualified, to the detriment of persons who applied for medical aid at the places where such medical practice was carried on.

“In the case of another Practitioner who had been summoned to appear before the GENERAL COUNCIL, and who was charged with having ‘caused and enabled Unqualified persons, under cover of his name, to carry on medical practice as though they were qualified, and had in his own name and for his own benefit given death and vaccination certificates in respect of cases attended only by such Unqualified persons,’ the PRESIDENT, at the request of the COUNCIL, cautioned him as to his conduct in the future.

“In May, 1893, the GENERAL COUNCIL considered the case of another registered Practitioner, who, having been summoned to appear, was found to have acted in a similar way in enabling an unqualified person to practise, and directed the removal of his name from the *Medical Register*.

“In November, 1893, a registered Practitioner was found guilty by the GENERAL COUNCIL of infamous conduct in a professional respect, and his name erased from the *Medical Register*, on the following charge :—

“That, being a regular Medical Practitioner, he had continually, during the years 1891 and 1892, acted as cover of, and by his presence and assistance had enabled an unqualified person to carry on a medical practice as if he had been duly qualified.

“Also that during the period aforesaid he habitually signed and gave certificates of vaccination, illness, and death in cases which the said person had attended and he had not attended, and empowered the said person to sign his name to such certificates in cases attended by the unqualified Practitioner and not by him, thereby enabling him to practise as aforesaid.

“In May, 1894, three further cases were considered, by the GENERAL COUNCIL, of registered Practitioners who had lent their presence, advice, and assistance to enable unqualified persons to attend patients and recover charges therefor as though legally qualified, and after they had been summoned before the COUNCIL and the charges proved, their names were erased from the *Medical Register*.”

Many other cases have been considered and similarly dealt with. All tend to show that, thanks to the vigilance of the Council, the interests of the qualified and registered

practitioner will be far more closely looked after than in past years.

The *Lancet* has, moreover, with a view to further calling attention to the subject, so that there can be no excuse for ignorance on this point, given orders that the following special notice shall immediately precede the advertisements for assistants weekly appearing in that journal:—

“NOTICE.

“With regard to advertisements affecting unqualified assistants, the proprietors of the *Lancet* think it right to point out that they obviously cannot guarantee that each individual advertiser offers his services under such conditions as would be approved by the General Medical Council. The proprietors consider that inconvenience to practitioners, and hardship to unqualified assistants, may be caused by the entire exclusion of these advertisements from the columns of the *Lancet*. The General Medical Council do not, it is understood, object to unqualified assistants being employed by practitioners when resident in or near their employers' houses, but the Council will not allow unqualified persons to conduct branch practices or dispensaries which are situated at a distance from the principal's house, and are not under his immediate supervision.”

Much has been done towards putting a stop to illegitimate practice and other abuses by the “Medical Defence Union,” which has for its object the protection of its members from attacks and injuries of various kinds. A nominal subscription of 10s. per annum confers various privileges on the subscriber, and all qualified practitioners should join it. Fuller details will be found advertised at the end of this book.

CHAPTER V.

THE MEDICAL AGENT.

SUCH varied opinions prevail on the subject of the medical agent, with whom dissatisfaction has often been expressed by the profession, that I venture to devote a chapter to the question, in the hope that I may sweep away some existing cobwebs, and make more clear their proper function, and the value of their services to the profession. It will also afford me the opportunity of removing a prejudice, which here and there appears to exist, against a body of men admittedly rendering a ready and solid help in certain economic departments connected with what may be termed the business side of the practitioner.

Medical agency bears the disadvantage of being an open profession, there being no corporate body to uphold and safeguard it. Into its fold also, crowd men who have broken down in the medical vocation, and even in the law, besides needy accountants, auctioneers' clerks, and others, with no knowledge whatever of the many and peculiar requirements of the profession—utterly lacking, too, the social and educational qualities necessary to successfully transact the business of a medical agent. In fact, any one

from a baronet to a bus-driver can set up in this capacity ; and although but few of these people hold their own very long, their incapacity, lack of moral stamina, and other causes, have naturally tended in many instances to lower the tone and position of the true medical agent, and indirectly to impair his usefulness. The great body of the profession, who are careful only to select agents well established and of good repute, have found them not merely skilled, but deserving entire confidence in business matters necessarily of a confidential character.

Those who have had no experience of the services of a medical agent will be surprised to learn how varied these are, including, amongst other matters—

1. Buying and selling medical practices, which involves inquiries into the character of the practice, and of the negotiating parties.

2. Assessing or valuing the practice offered for sale.

3. Inquiries as to the terms under which the surgery premises are held ; what restrictions, if any, exist as to the conduct of the practice ; and what public appointments are held or open in the locality.

4. Ascertaining the profits. For this work close and scientific knowledge of book-keeping is indispensable, to check the statements made as to the value of the practice.

5. Where acting for the vendor, the valuation of the practice for sale purposes.

Points frequently arise on which the carrying through of the transaction may depend, and these can only be settled by an agent who has, by long experience and study, acquired a ready knowledge of the modes of dealing with matters of that character.

This knowledge serves also to secure to the best class of agents references either for consultation or for arbitration, where in varied business transactions the medical man requires safe guidance, or to determine a difficulty, technical or otherwise. I do not desire to over-estimate the value of the agent's services in the department of providing assistants and *locum tenens* appointments, etc., but he has necessarily the readiest resources available, is familiar with the best modes of advertising, and has a thorough knowledge of "men and manners" to aid him in selecting the right men, and to know whom to avoid.

The remark has frequently been made to the writer, "Yours must be a very easy and lucrative business; you have only to advertise various vacancies or practices for sale, and then put the parties in communication with each other, let them make their own arrangements, and you pocket a big fee." Unfortunately, this is often all that is done, and the reason in many cases why agents are not more consulted, as they put on their principal's shoulders all the work which they as agents ought to do themselves. An agent should first take pains to understand exactly what his principal requires, and introduce to him those, and those only, who are really likely to suit him. With regard to selection of an agent, some medical friend can generally advise as to the one he has found reliable and trustworthy. In every case, before doing business, it is advisable to get a clear and printed statement of terms, and not give the business to an agent first, and then let him make any charge he likes. Very often, especially in the case of practices for disposal, much harm is done by indiscriminate advertisement, whereby details of practices are published, and particulars

and addresses given to all sorts of applicants, to the manifest risk of the vendors' intentions becoming prematurely known, and of serious injury to the practice.

A mistake frequently made, no doubt unthinkingly, by vendors of practices and principals seeking assistants, is that of employing more than one agent at a time, under the idea that the business will be more promptly carried out. It is quite against the principal's interest so to do, inasmuch as applicants for practices or appointments usually go the round of all the agencies in search of what they want, and consequently, if they hear of the same practice or vacancy at several offices, are liable to have their faith shaken in its soundness, or, if they do take it up, the principal finds himself on the horns of a dilemma, and has in many cases been obliged to pay two or more agents, owing to the difficulty of determining who really effected the transfer. Legally, the first agent to introduce a purchaser is alone entitled to commission, and others get nothing ; but to prove satisfactorily who is first is sometimes a very difficult matter, hence the number of actions at law that arise over this question. All risk can easily be avoided by employing a single agent, who will naturally take much more interest in his work, and strive the harder to carry out the business privately and satisfactorily when he knows he has the sole control of it. Should no result be obtained, the principal has the power at any time, when not actually in negotiation with any one, to revoke the agent's authority and employ another, and in such a case the first agent has no further claim upon him, even if business should eventually be effected with a client who has been originally introduced by the former agent and negotiation proved futile.

So much misapprehension seems to exist amongst medical men as to when and how commission for the sale of practices is payable, that it may be well to state that an agent is entitled to be paid his full commission on the total amount of purchase-money directly the negotiations between vendor and purchaser are completed. It is immaterial whether all or any of the purchase-money is paid down, or how it is paid ; the agent has done what he was employed to do, and is entitled to be paid forthwith, and not wait until the premium or any deferred portion thereof is paid.

CHAPTER VI.

ASSISTANTS AND THEIR DUTIES.

BEFORE commencing practice on his own account, every medical man should, if possible, acquire some experience as an assistant; indeed, there is much in the routine of general practice that can hardly be mastered in any other way. No amount of study or hospital practice will afford an equivalent insight into the details of everyday practice. I would therefore strongly advise the budding *Æsculapius*, before settling down on his own account, to secure, at all events, a few months' practical experience by becoming an assistant to a man in good general practice.

There is so much to be learned in connection with the duties and work and the business arrangements made with assistants, that I must devote considerable space to the subject. There are two kinds of assistants.

UNQUALIFIED ASSISTANTS.—The duties of the unqualified assistant are to dispense for patients what his principal prescribes, to attend generally to the surgery duties, see to a sufficient supply of drugs, and keep the books relating to the practice. He is also frequently legitimately employed in rendering assistance to the employer personally in special

cases in the sick-room or in operations, the responsibility resting wholly on the employer.

So long as general practitioners continue to dispense their own medicines will work be found for unqualified men, although not to the same extent as in former years, and the qualified man will be more in demand.

As compared with bygone days, the assistant's lot in the present day is a "happy one." Formerly he was expected to do everything his employer thought fit to ask him, from grooming his horse to sweeping out the surgery. Now he is generally treated as an equal, although engaged to do certain work the employer does not care to undertake ; and he will be well advised to put his pride in his pocket and not be above helping in any reasonable way, even if outside strictly professional work.

Dispensing nowadays is comparatively an easy task, as nearly all practitioners purchase from the wholesale houses pills ready prepared, and tinctures and infusions ready for use ; whereas it once fell to the lot of the assistant to make every tincture, spread plasters, and roll out every pill. Advantage, undoubtedly, was gained in thus becoming familiar with the composition and use of the various drugs employed.

So changed is now the practice, that I venture to assert many modern practitioners know next to nothing of the practical part of dispensing, and have probably never seen—much less used—a tincture press or a pill machine.

Notwithstanding modern improvements, there is still much to be learned before becoming an adept at dispensing ; and I advise every one studying for the profession to gain practical knowledge thereof, which can be often

acquired whilst attending hospital, by assisting some busy practitioner in the evening. Even if not absolutely essential, some knowledge of dispensing is advisable to enable the practitioner to prescribe satisfactorily; and the want of a thorough knowledge of the properties of drugs has often led to most absurd and unfortunate mistakes. I have seen many prescriptions, written by practitioners of good standing, involving a mixture of drugs utterly impossible to properly compound. The following are specimens of prescriptions given within my own experience:—

1.	Sodæ sal. ...	...	...	...	...	℥ i.
	Quin. sulph. ...	...	...	...	...	℥ i.
	Aq. menth. pip. ...	...	...	...	...	℥ viii.

Result—a semi-solid mass, impossible to pour out.

2.	Bismuth. subnit. ...	...	...	...	...	℥ i.
	Sodæ bicarb. ...	...	...	...	...	℥ js.
	P. tragacanth ...	...	...	...	...	℥ i.
	Aq. cinnam. ad. ...	...	...	...	...	℥ viii.

Result—when compounded, an explosion.

Liquor strychnine is also frequently prescribed in combination with an alkali, with the result that the strychnine is precipitated, and is therefore all taken with the last dose. Two fatal cases are on record from this error.

BOOK-KEEPING will also be the duty of an assistant in most cases, and careful and methodical work is indispensable to give satisfaction in this respect. For fuller information as to the system most in use, the reader is referred to the chapter devoted to the subject later on (see p. 114).

QUALIFIED ASSISTANTS.—Most of the remarks and suggestions made concerning unqualified assistants apply equally to those who, having completed their curriculum,

and secured their certificates to practise, prefer to acquire further practical knowledge under the ægis of a competent practitioner.

The duties of the qualified assistant are much more responsible, and his field of labour wider, than those of the unqualified, and although his qualifications are a stamp of competency, he must be careful not to fall into the error of assuming his knowledge to be more up to date than his principal's. The assistant who desires to rise in his profession will not be above learning from his master, and will soon discover that, although he may be fully versed in the theory of medical science, his reading and hospital practice will not have given him mastery of difficulties which will continually crop up. Cases will come under his cognizance which are not even described in the text-books, and which he has never met with in the hospital wards, and then he will be only too glad to avail himself of the practical knowledge of his principal.

The qualified assistant must ever bear in mind that the relationship between his principal and himself is, both legally and morally, that of master and servant, and that, although he has a right to expect, and will in almost every case receive, the treatment due to a gentleman, he must necessarily be prepared, and should for his own advancement be glad, to undertake duties that may be distasteful to him. Very much will be in his own hands, and he will, in his own interest, invite the delegation to himself of dispensing and surgery work among the parish, club, and poorer patients ; indeed, this is frequently the assistant's opportunity, and if he does his duty satisfactorily and studies his principal's interests, he will generally find his employer prompt to

encourage his efforts, advance his interests, and gradually entrust him with patients in a better station of life, and with increased responsibility.

Assistants frequently advertise for, or apply to medical agents to procure for them, engagements in good-class practices where they will not be required to undertake dispensing or to practise amongst poor people. Such appointments as these are so rare as to be practically unattainable, seeing that in such practices assistants are very rarely needed at all, and gentlemen seeking such posts should enter the medical department of the Army, Navy, or other public service, or appointments where dispensing is not requisite. Objections such as these are mostly found among men from Scotland or Ireland, this being due to the fact that it is much rarer in these countries to dispense for patients. To this is attributable, probably, the words inserted in many advertisements, "No Scotch or Irish need apply." Apart from this reason, I do not think any strong prejudice exists against those nationalities, or more than a slight preference for a fellow-countryman, all other points being equal.

Having briefly noticed the duties of assistants, I will devote a chapter to the business arrangements between the parties, and the salaries paid.

CHAPTER VII.

PRINCIPALS AND ASSISTANTS.

INDOOR ASSISTANT.—The indoor assistant resides at the surgery or in the house of his employer, and is provided with suitable board and lodging. The salary usually paid a qualified assistant is from £60 to £100 a year, and for an unqualified £30 to £60 a year, varying, of course, according to experience and duties and the character of the practice.

When the assistant is qualifying, and special arrangements are made to enable him to attend the hospital or to study at stated hours, little, if any, salary is paid, board and lodging being considered a fair equivalent for partial service.

OUTDOOR ASSISTANT.—The outdoor assistant resides in rooms or a small house, provided and paid for by the principal, or he provides his own rooms, as the case may be, but he has in all cases to provide his own board. The salary paid to a qualified assistant where rooms are found by principal, is from £80 to £150 a year; unqualified, £50 to £90 a year. When the assistant provides his own

rooms—qualified, £100 to £160 or more a year; unqualified, £60 to £90 or £100 a year.

COMMISSION.—Besides the salaries quoted above, it is not unusual (more especially in the case of outdoor assistants) to pay, in addition to the salary, an extra fee for all midwifery cases he attends. This fee varies from 2s. 6d. per case to as much as one-third of the fee charged to the patient. Sometimes the commission extends to the receipts from all sources; this more especially applies to ready-money practices, where an interest to the extent of five to ten per cent., or even more, is frequently given to the assistant to encourage him to push the practice and increase the takings.

TERMS OF ENGAGEMENT.—All engagements with assistants should be in writing, and this is the more necessary where any commission or allowances are made beyond the agreed salary. A verbal engagement is, however, perfectly legal and binding in all cases where its performance is to be completed within a year; if otherwise, the agreement must not only be in writing, but must be signed by the parties thereto, or by some one expressly authorized by them, or it cannot be enforced at law.

Apart from the question of necessity, a written agreement is preferable, as the only certain method of avoiding difficulties that may arise.

The agreement should, *inter alia*, define the period of employment, and notice to determine; also, the salary, allowances, and, where necessary, the board and lodging to be provided, and other usual provisions, including a penal clause binding the assistant not to practise within a prescribed distance when the engagement terminates. A form

applicable to such cases, with any special requirements embodied, can be obtained at a trifling charge from any recognized medical agent.

NOTICE TO TERMINATE.—An engagement with an indoor assistant, or with an outdoor assistant residing in rooms furnished and provided by the principal, is (subject to any special agreement) terminable by either party by a month's notice, verbal or written, or, in default of notice, by payment of a month's salary, if given by the principal. An assistant, however, is not, under ordinary circumstances, justified in leaving without proper notice, and he may by so doing in some cases render himself liable to an action for damages.

When no agreement in writing exists to define the conditions, an engagement with an outdoor assistant residing in rooms provided and furnished by himself, is terminable by a three months' notice on either side. Where, however, the assistant has, at the request or with the sanction of the principal, taken a house or rooms on a tenancy which can only be terminated at a stated period, the principal must give such notice as will enable the assistant to give his landlord the notice requisite under the agreement between them.

ASSISTANT TO PARTNERS.—When an assistant is engaged by a firm of practitioners, either partner has a right to terminate the agreement entered into. In the exceptional circumstance, which has occurred, of the partners disagreeing, and one has notified the assistant to go, and the other told him to remain, it has been decided that the assistant is within his legal rights if he remain. Practically such a strange situation as this is of very rare occurrence, and

would depend for its solution on the adjustment of the relations between the partners.

BONDS NOT TO PRACTISE.—In advertisements for assistants the words frequently occur, “usual bond required,” but practically such bond is now never given. Formerly, a legal document with much formality in form, and requiring to be sealed as well as signed, and to be stamped with a heavy Government duty, to say nothing of the lawyer’s fee, was considered necessary to bind the assistant in a specified sum not to practise in opposition; now the case is met much more economically and effectually by the written agreement before advised (p. 38).

This provision, protecting the principal from opposition, has frequently been impugned as “a restraint of trade,” which our laws condemn; but the courts have long since recognized this clause as only a just and reasonable protection to the employer, and held the restriction to be good and valid. Care should be taken, in framing these prohibitory clauses, to state distinctly from what point the distance is to be measured, which, in the absence of any stipulation to the contrary, is held to be in a straight line, or “as the crow flies.” The limit should also be a reasonable one, or it may defeat its own object. It is well to make the penalty for breach of this clause a payment of a stated sum for each week or month during the breach. If a lump sum be named, it might be too disproportionate to be enforced if contested, or its enforcement might defeat its object by driving the defaulter into the Bankruptcy Court. It is, however, unnecessary to specify any penalty, as, in default of such on breach occurring, an injunction can be immediately obtained from the Court of Chancery

to restrain the offending party from continuing the offence. Death of the principal does not invalidate the restrictive clause, and the assistant is still bound to its terms for the period named

DISMISSAL WITHOUT NOTICE.—The assistant is legally bound to obey all reasonable and lawful orders of his principal, and is liable to dismissal without notice for gross negligence or improper conduct. Drunkenness or theft would justify the instant dismissal of an assistant, as would also habitual neglect of duty, or proved incompetence to perform the duties he undertook. Permanent illness would also warrant a prompt dismissal, but it is rare for a principal to act arbitrarily in such a case, or to dismiss an assistant without some compensation. In cases of temporary illness, it is customary, when the principal is unable to perform the extra duties devolving on him by reason of his assistant's illness, to engage a temporary substitute, and for the principal, as an act of grace, to pay the expense. The principal may, however, refuse to pay the salary of the assistant during his absence from duty.

DEATH OF PRINCIPAL.—The engagement between principal and assistant is terminated by the death of the former. The assistant is then within his rights in leaving at once, having no legal standing in the practice. It is advisable, in all such cases, for the assistant to make some arrangement at once with the executors for his remuneration for future services as long as they may be required, otherwise he will have no legal claim against them. If he prefers to leave promptly, he should immediately intimate this intention to the representatives, to enable them to make satisfactory arrangements for the conduct of the practice.

DEATH OF ASSISTANT.—The death of the assistant similarly terminates the engagement, and salary and commission (if any) are due and payable to his executors up to the date of his decease only. It is customary, however, when any widow or dependants are left, to pay in addition a month's salary.

BANKRUPTCY OF PRINCIPAL.—The agreement is at once terminated by the bankruptcy of the principal, and the assistant is only entitled to receive his salary calculated up to the time of the bankruptcy. This salary becomes a preferential debt, and, by the law of bankruptcy, is one of the claims that has to be paid in full out of the bankrupt's estate before any dividend is paid to other creditors.

TRAVELLING EXPENSES.—It is the custom for the travelling expenses of the assistant to be paid by the principal when going to his engagement, and for the assistant to pay his own when he leaves. The expenses usually allowed are second-class fare from London, and a reasonable amount for cab hire and incidentals. In cases where the assistant travels from a greater distance than from London, he is expected to defray the extra expense involved out of his own pocket.

SALARY FOR SPECIAL SERVICES.—The salary agreed to be paid to the assistant includes all services, without any legal claim should his duties be much increased at any time owing to epidemics or other cause; it is, however, pleasant to record that in the majority of such cases the profession promptly recognize any extraordinary strain on the services of their assistants.

LIABILITY OF PRINCIPAL.—Under ordinary circumstances, the principal is liable for the consequences of any act of his

assistant so far as compatible with his usual duties. If, however, the assistant does any wrongful act outside his duties, the principal would not be liable, unless he could be shown to have instigated or confirmed it with full knowledge. If the assistant be guilty of any unlawful act, such, for instance, as procuring or attempting to procure abortion, he is liable to the criminal law for the offence ; nor does it avail to shelter him that the particular act was done under the knowledge or even with the sanction of his principal.

PAYMENT TO AN ASSISTANT.—An assistant is considered in law as the agent of the principal for the purpose of receiving payment on any account due for services, and his receipt is equivalent to that of the principal, whose only claim is against the assistant in event of the dishonesty of the latter.

CHARACTER OF ASSISTANT.—Principals cannot exercise too much care in making inquiries into the character of assistants, for in the medical as in other professions and callings there are necessarily some black sheep. Wherever practicable, a personal character should be obtained in preference to a written one offered by the applicant. Employers will naturally answer more fully verbally than by letter, which latter may be used many times by assistants, especially when they feel their record will not bear investigation. Written testimonials are often almost valueless, for when the principal has given them he is wont to be silent on certain points, and confine his written remarks to such qualities in his assistants as he can safely commend.

PRIVILEGED COMMUNICATIONS.—As much misapprehension exists in the profession upon the question of these

testimonials, it should be more generally known that all communications concerning the character of an assistant, no matter how deprecatory (so long as they are truthful), are by law regarded as privileged, and no action can thereon be supported by an assistant, unless he can prove distinct malice on the part of the principal.

FALSE CHARACTER GIVEN BY PRINCIPAL.—On the other hand, if a principal, knowing an assistant to be untrustworthy, gives him a false character whereby he obtains another situation, he renders himself liable to an action if mischief ensue.

DISHONESTY OF ASSISTANT.—Dishonesty by an assistant comes under the same category as dishonesty by an ordinary servant, and by the criminal law renders him liable to severe punishment, and of course to instant dismissal.

HOW TO OBTAIN AN ASSISTANT.—In procuring an assistant, there are three methods to choose from : (1) By asking the dean, librarian, or some friend connected with a medical school to select one ; (2) by advertising or answering advertisements in the medical papers ; (3) by application to a medical agent.

The first of these is an admirable plan, if only the friend or dean, as the case may be, should happen to know of some one proficient and at liberty, but it very rarely happens that any friend or hospital official can be found willing to give the time and take the trouble to find a suitable candidate for the post ; moreover, his field of choice must necessarily be limited to those men who are at the moment attached to the hospital with which he is connected.

The second course offers a much wider field, but involves

much labour and often disappointment. It is no uncommon occurrence, in these times of overstocked markets, for an advertisement for an assistant to bring in from fifty to one hundred replies. It is a task of no light order to sift these and select the most promising. Without personal interviews, too, it is impossible to judge of the fitness or otherwise of the applicants, and much trouble and loss of time have to be incurred in investigating their characters and qualifications. It is notorious that many men of indifferent character insert catchy advertisements or reply to advertisers on the chance of securing an engagement without too close an inquiry into their antecedents. There are also men representing themselves as qualified who possess no diploma whatever, but rely on testimonials fabricated by personal friends. Others are provided with credentials of their own manufacture purporting to be signed by some well-known practitioner. It has been my lot to come across so many impostors of this kind in an experience of twenty years, that I feel it my duty to put the profession on their guard when attempting to procure assistants by this method.

The last method open will generally be found the most satisfactory, viz. to apply to a well-established medical agent, for if due care is taken in the selection of an agent this course should ensure the best result with the minimum of trouble and expense. The practitioner will have the satisfaction of knowing that the responsibility will be largely taken from him by one whose entire time is given to the special requirements and interests of the medical profession. The agent is daily seeing men from all parts of the country in reply to his advertisements, which appear only in first-class papers, and therefore are studiously avoided by men of

shady character. He is not dependent on any hospital or outside influence, and occupies a position recognized by the profession. Constant contact with men of all classes renders him quick to detect the various dispositions and tendencies of the numerous applicants at his office, and renders his services of considerable value. Seeing, also, that it is not the practice of any well-established or recognized agent to charge a fee to principals, this method is at least worthy of a trial.

It is in the interest of the principal, when instructing an agent, to furnish him with every necessary detail of requirement. These will probably suggest themselves to practitioners, but should comprise, the age and nationality of assistant, whether married or single, if to dispense and keep accounts (if indoor, perhaps his religious views might be asked), if able to ride and drive, what salary or commission offered, and any other special desiderata.

ENGAGEMENT THROUGH AGENT.—An agent duly instructed by a principal, verbally or in writing, to engage an assistant or *locum tenens*, can enter into a valid agreement for the principal, and the agent's signature will be equally binding as that of the former. Such arrangements are often necessary when assistants are required for practitioners abroad, and the signature of the principal cannot at the time be obtained. In these cases it is advisable to have the agreement subsequently ratified by the principal, if possible.

CHAPTER VIII.

THE "LOCUM TENENS."

THE duties of and regulations affecting the *locum tenens* are in many respects so different to those of the qualified assistant, that it is desirable to devote a few pages to the points in question.

The *locum tenens*, as the name implies, is temporarily employed during the absence of a practitioner through illness, marriage, holiday, or other cause. He is generally wanted at short notice, and has to take up all the principal's work, and that often without any previous intimation as to what is required of him.

CARE IN SELECTION.—The greatest care should therefore be taken in the selection of a *locum tenens*. Not only should he be a gentleman of practical experience professionally, with a good bearing towards patients, but his character must be like that of Cæsar's wife—above suspicion—or the practice may be seriously impaired, should the principal be absent for any lengthened period. Yet it frequently happens that a *locum tenens* is engaged with little or no inquiry as to his character, on the faith of representations in an advertisement in the medical papers. An agent is often instructed

by telegram to procure a *locum tenens* at an hour or two's notice, without any information being given him as to the class of practice or the style of man requisite.

Is it to be wondered at, then, that complaints so often arise of practices being injured by unsuitable substitutes employed during the temporary absence of principals? Practitioners cannot be too much alive to the fact that there are men, utterly unworthy of employment, who obtain these engagements by taking advantage of principals being too much pressed to make proper inquiries, and who palm off upon them old or even fabricated testimonials, on the chance of these serving their purpose. The best *locum tenens*, as a rule, is one who has had some practical experience as an assistant, and is taking temporary employment of this kind to acquire fuller knowledge in treating patients, prior to starting on his own account. Occasionally assistance in such cases is rendered by practitioners who have recently sold their practices, and are wanting to purchase another. These are, as a rule, very satisfactory substitutes. Lastly, there are those known as the "chronics," who have never done anything but job-work of this kind. As to the employment of the last named, *Mr. Punch's* warning motto "Don't" may again be sounded, although, no doubt, here and there honourable exceptions are to be found.

FEES.—The fees usually paid to *locum tenens* are from £3 3s. a week upwards, that sum being the minimum at which really trustworthy men can be obtained; and probably nineteen out of twenty engagements are made at that rate. These fees are sometimes increased in cases of epidemics or unusual mortality.

For broken periods of a week, or when the full

engagement does not last beyond a week, 10s. 6d. a day is generally paid. In all cases travelling expenses both ways are defrayed by the principal, and board and lodging provided at the principal's expense.

LENGTH OF NOTICE NECESSARY.—The engagement of a *locum tenens* being only temporary, a short notice will suffice to determine it, and forty-eight hours on either side are considered enough, although, where possible, longer notice should be given.

BOND NOT TO PRACTISE.—It is not customary to require a *locum tenens* to enter into any written contract to refrain from practising within a stated distance, his stay being considered as too short to render this necessary. It certainly is treated as a point of honour, by those accustomed to act as *locum tenens*, not to take any unfair advantage of the knowledge gained by them during their brief sojourn with the principal.

In country practices it is not unusual for a *locum tenens* from London to be engaged by one practitioner after another in the same town or vicinity, and often he is preferred locally to a new man ; travelling expenses being also saved by this course.

LONG ENGAGEMENT OR DEATH VACANCY.—Where an engagement of this kind is likely to be long, or a *locum tenens* is engaged to take charge of a death vacancy, it is desirable, and in the latter case essential, that he should be required to sign an agreement not to practise locally ; for where, by the death of the incumbent, the practice will have to be disposed of, one of the first questions asked by an intending purchaser is whether the *locum tenens* has been bound by agreement not to practise. It is manifest that without such a restriction

a purchaser would, in many cases, be at the mercy of the *locum tenens*, who could, moreover, if he desired, prevent the sale by threatening to start locally on his own account, and possibly force a purchaser or the executors to buy him off. It is only fair to state that, as a rule, a *locum tenens* so situated acts straightforwardly, and shows every willingness to assist the sale ; but as there are some unreliaables among them, it is better in all such cases to have a signed undertaking.

EXTRA REMUNERATION IN CASE OF DEATH VACANCY.—Where a *locum tenens*, having acted as such, is employed to carry on the practice until it is disposed of by the executors, it is usual to pay him something beyond his ordinary fee where a sale is effected ; but he has no legal claim beyond the agreed remuneration.

One other point requires mention here which has frequently arisen, namely, the right to the inquest or *post mortem* fees earned and paid to the *locum tenens* in the absence of his principal. It has been largely contended that the inquest or *post mortem*, being compulsory on the medical man directed to attend the inquest or to conduct the *post mortem*, and the summons being served on the *locum tenens* in his own name, he alone is concerned in it, and is not liable to account to his principal for the fees.

So far as can be ascertained, this question has not been tested in a court of law, and therefore no legal authority has decided it. At first sight, there is apparently good ground for the contention that the fees are personal and do not belong to the principal ; but I think (and in this view I am supported by many eminent professional men) that, as any fee of this kind is earned by the *locum tenens* whilst in the

employ of the principal, and during the time he is supposed to be engaged in his principal's work (for if he were not engaged in that particular practice, he would certainly not be called upon), the fees so earned belong by right to his principal, just as much as the fees from any regular patient or new patient attended by him in his principal's absence. As a matter of courtesy, in such cases it is more usual—and a course to be commended—for such extraneous fees to be handed to the principal, and for him to share them equally with the *locum tenens*.

Many gentlemen acting as *locum tenens* expressly arrange for this division when accepting office, and thereby obviate any possibility of subsequent dispute.

CHAPTER IX.

THE PRINCIPAL APPOINTMENTS OPEN TO MEDICAL PRACTITIONERS, HOW OBTAINED, AND THE SALARIES USUALLY PAID.

IN addition to engagements as assistant or *locum tenens* (fully dealt with in the previous chapter), there are many other appointments open to those wishful to obtain a more extended experience in practice; and I propose, in this chapter, to give, as far as practicable, a description of the principal ones, together with the duties involved, usual remuneration, information as to how they are obtained, and other facts likely to be of service.

SHIP SURGEONS.—Registered qualified practitioners are required by law to be carried on all passenger ships sailing from British ports, and any unqualified person accepting office in such a capacity is liable to penalties ranging from £10 to £100.

These appointments are much sought after, although the remuneration is but poor, £10 to £16 a month being usually the maximum, out of which an outfit, uniform, and instruments have in most cases to be purchased, and other expenses incurred, leaving little, if any, margin for profit.

The life is undoubtedly an easy one, affords an opportunity of seeing a good deal of the world, and is in this respect advantageous to a young practitioner. It is not advisable, however, to take up such an appointment for any lengthened period, otherwise the indolent and easy-going life on board ship is apt to obtain too firm a hold to be easily shaken off; moreover, a decided prejudice exists against engaging as an assistant or *locum tenens*, or admitting into partnership, any one who has acted for any length of time in such a capacity.

These appointments are mostly obtained by direct application to the various shipping companies or brokers, who keep a list (and usually a very long one it is) of those who are ready and willing to take office. Medical agents are sometimes applied to, especially where a surgeon already in office requires a substitute for a voyage or two.

ARMY MEDICAL STAFF.—The chief regulations for admission into her Majesty's Army Medical Service are as follows:—

The candidate must be over twenty-one and under twenty-eight years of age at date of examination, and must produce satisfactory evidence as to age and a certificate of moral character, together with a recommendation from some person of standing other than a member of his own family. He will also be required to sign a declaration that both his parents are of unmixed European blood, and that he has no mental, constitutional, or hereditary disease or tendency thereto. His physical fitness will be determined by a board of medical officers.

Candidates must be qualified in both medicine and surgery, and be registered, and also produce certificates

of (*a*) having acted as a clinical clerk for six months, as surgical dresser for a further six months, three months in each case being spent in a recognized hospital ; (*b*) of having attended a three months' course of instruction at an ophthalmic hospital, including instruction in the errors of refraction.

Admission is gained by open competitive examinations, held bi-annually usually, in February and August, in London, for which a fee of £1 is payable. No candidate is allowed to compete more than twice.

Subjects for examination are—

1. Compulsory : anatomy and physiology, surgery, medicine (including therapeutics and diseases of women and children), chemistry and pharmacy, and a practical knowledge of drugs. 1000 marks are given in each subject, and no candidate will be eligible for the medical staff unless obtaining at least one-third of the marks in each subject.

2. Optional : French and German, and natural sciences. Appointments are made in order of merit from those who pass the examinations.

After passing, all candidates, who are now surgeons on probation, and earn 8s. a day and certain allowances, are sent to the Army Medical School at Netley for a four months' course of instruction in hygiene, clinical and military medicine and surgery, and pathology of diseases and injuries incident to military life. Several prizes and medals are also offered for special proficiency in the various subjects.

Having obtained the necessary marks (at least one-third), the candidates are recommended for commissions as

surgeon-lieutenants, and are passed on to Aldershot for a course of instruction in ambulance drill and equitation.

The payment of officers is as follows :—

				£	s.
Surgeon on probation	...	...	...	0	8 daily.
Surgeon-Captain or Surgeon-Lieutenant	...	...	...	200	0 yearly.
„	„	„	„ after 5 years	250	0 „
„	„	„	„ 10 „	0	15 daily.
Surgeon-Major or Surgeon-Lieutenant-Colonel	...	...	...	650	0 yearly.
Brigade Surgeon-Lieutenant-Colonel	...	...	...	750	0 „
Surgeon-Colonel	...	..	...	900	0 „
Surgeon-Major-General	...	...	...	1300	0 „
Director-General	...	...	...	1500	0 „

Retired pay is granted on a liberal scale to officers after 10 years' service. Further particulars as to this and all other information on every subject relating to the Army Medical Department can be obtained by writing to the Adjutant-General to the Forces, War Office, Pall Mall, London.

Retirement by a recent Royal Warrant (October 2, 1894) is now compulsory at the following age : Director-General, after 7 years' service ; Surgeon-Major-General and Surgeon-Colonel, at age 60 ; Brigade Surgeon-Lieutenant-Colonel, Surgeon - Lieutenant - Colonel, Surgeon - Major, Surgeon-Captain, or Surgeon-Lieutenant, 55.

NAVAL MEDICAL SERVICE.—The regulations as to qualifications, fees, etc., for the Naval Medical Service are almost the same as for the Army. The subjects for examination and regulations affecting same are also nearly identical. After passing, the candidates receive commissions as surgeons in the Royal Navy, and are sent to Haslar Hospital for a course of practical instruction in naval hygiene, etc.

The scale of pay is as follows :—

				£	s.	d.	
Surgeons on entry	...	...	...	209	17	6	per annum.
After 4 years	...	...	...	246	7	6	„
„ 8 „	...	...	...	282	17	6	„
Staff-Surgeons	...	...	...	383	5	0	„
After 4 years	...	...	...	438	0	0	„
Fleet-Surgeon	...	...	...	492	15	0	„
After 4 years	...	...	...	547	10	0	„
„ 8 „	...	...	...	602	5	0	„
Deputy Inspector-General	...	...	...	766	10	0	„
Inspector-General	...	...	...	1003	15	0	„

Retirement is allowed after eight years' service, and compulsory after the age of 60, under a graduated scale of payment. All information can be obtained on application to the Director-General, Medical Department, Admiralty, London.

INDIAN MEDICAL SERVICE.—The regulations as to admission to the Army Medical Service apply equally to the Indian Medical Service, with the addition that a knowledge of Hindustani is recommended and given as one of the optional subjects for examination.

The scale of pay per month is as follows :—

				Years' service.	When not receiving staff allowance.			When receiving staff allowance.		
					r.	a.	p.	r.	a.	p.
Surgeon-Captain and Surgeon-Lieut.	...	...	...	} under 5	317	8	0	286	10	0
Surgeon-Captain	...	...	...	over 5	335	12	2	304	14	2
„	...	...	...	„ 6	433	10	2	392	5	2
„	...	...	...	„ 10	451	14	5	410	9	5
					r. a. p.					
Surgeon-Major	...	...	...	„ 12	...	640	14	6		
„	...	...	...	„ 15	...	677	6	11		
Surgeon-Lieutenant-Colonel	...	...	...	„ 20	...	852	3	7		
Brigade Surgeon-Lieutenant-Colonel and Surgeon-Lieutenant-Colonel	...	...	...	} „ 25	...	888	12	0		
Surgeon-Colonel	...	...	...	...	...	2250	0	0		
Surgeon-Major-General	...	...	...	...	2500 to 2700	0	0			

Pay at above rate commences from date of arrival when first appointed, ten shillings a day being allowed until arrival, and passage provided. Retiring pensions are granted as under :—

				£
After 17 years' service	...	...	...	292
„ 20 „ „	...	...	...	365
„ 25 „ „	...	...	...	500
„ 30 „ „	...	...	...	700

For detailed particulars and all further information, apply to the Military Secretary, India Office, London, S.W.

PROVIDENT DISPENSARIES.—Provident dispensaries are institutions established in the more populous districts of London and in the chief towns throughout the country, with the object of encouraging habits of thrift amongst the poorer classes, by enabling them to obtain skilled medical advice at a nominal expense by small weekly contributions, usually proportionate to their earnings and the size of their families. The dispensaries are managed by a local committee, and are supported to a great extent by voluntary contributions. The committee usually elect the medical staff, which in most cases includes the chief practitioners in the district who are willing to undertake the duties. Each medical officer is paid from the funds at the disposal of the committee, in proportion to the number of dispensary patients he has attended, it being the privilege of the patients to choose their own medical adviser. A newly appointed surgeon, therefore, has to make his own way with the patients. The emolument attached to the office necessarily varies enormously. In the lesser towns probably from £10 to £50 would represent the average amount ; whereas in large manufacturing towns or in London, £100

per annum, or more, is no uncommon payment to one surgeon, and as much as £300 has been known to have been received by a specially popular surgeon.

HOUSE SURGEONS, ETC.—An appointment as physician or surgeon to a hospital or public dispensary is perhaps more coveted than any other, and the number of them, comparatively speaking, being limited, they are proportionately more difficult to obtain. The experience thus obtained, especially in Metropolitan hospitals or infirmaries, is of so varied a nature as to be of incalculable service to the budding medico, and will afford him, during a comparatively brief tenure of office, opportunities of seeing probably more varieties of disease, especially in the rarer forms, than an ordinary general practitioner is likely to come across during his whole career. Hence it is that practitioners seeking partners or assistants are usually prone to prefer those who have occupied the post of physician or surgeon, or both, to one or more of these institutions, under the assumption that they will be better qualified to assist in general practice than the diplomate fresh from the hospital. It is, therefore, desirable that an appointment of this kind should, if possible, precede any entry upon private practice. The mere holding of one of these posts should not, however, be considered as obviating the necessity of an assistancy also, seeing that experience of the manners, customs, and routine of general private practice can be acquired in no other manner.

Appointments as house-surgeons or physicians in the teaching hospitals in London and the provinces are, as a rule, reserved for those students of the hospital wherein the vacancy occurs, and who have distinguished themselves

most during their curriculum. They are held for a limited period only—usually six months—in order to offer the advantage to as many of the students as possible. No remuneration is given, but board and residence are usually provided.

In non-teaching hospitals, infirmaries, public dispensaries, etc., the appointments are, on the contrary, generally thrown open to any suitably qualified men, and the tenure of them is not limited to any particular time. The salary being, however, small, and not liable to any increase, it is not customary to retain the office for a prolonged period.

Remuneration varies with the size of hospital and other circumstances, and it is impossible to give definite information on this head; but for an appointment as house-surgeon or physician to a country hospital or dispensary, about £50 to £80 a year indoor, or an equivalent outdoor, would be a fair salary to expect. Vacancies are usually advertised in the medical papers, and are but rarely obtainable through agents.

PRISON SURGEONS.—Appointments to the office of surgeon to her Majesty's prisons are very limited in number, and are perhaps more frequently sought by practitioners relinquishing general practice, or by those retiring from the public services, than by young practitioners on first entering upon their career. All applicants for these posts must be qualified in medicine and surgery, and registered, and not less than twenty-three years of age. The appointments are made by the Prison Commissioners at the Home Office, and vacancies do not very often occur. The office is for life, subject, of course, to satisfactory performance of the duties, which are monotonous, and generally uninteresting rather than arduous.

The salary varies from £50 to £250 for non-resident officers. These appointments are mostly in the smaller prisons. For more important posts, where residence is essential within the prison precincts, the remuneration for assistant-surgeon varies from £250 to £300 a year with a residence rent-free and partial service, rising, on promotion to full surgeon, from £300 to £500 a year. Promotion is, however, usually very slow.

Any prison surgeon of over twenty years' standing, and not less than sixty years of age, is eligible for a pension on retirement through ill health or injury received during duty. Pensions are granted on the recommendation of the Prison Commissioners to the Treasury, and do not in any case exceed two-thirds of the annual salary at time of retirement.

The conditions and terms of these appointments are changed from time to time, but detailed information can be readily obtained by application to the Prison Commissioners at the Home Office.

POLICE SURGEONS.—Appointments as divisional surgeons to the police are, so far as the Metropolitan district is concerned, obtained by application to the Scotland Yard authorities, and are subject to the control of the chief surgeon for the time being. Vacancies, as they occur, are advertised in daily and local papers. Except in the Metropolis and the larger provincial towns, the appointments do not bring much grist to the mill, the scale of pay depending on the number of constables attached to the division in question. The appointment is usually passed on by the divisional surgeon to his junior partner or assistant, who is recognized as deputy divisional surgeon

at the head office. The divisional surgeon is bound to attend all the police requiring it, and to visit them on at least every alternate occasion; the sick-list is signed every day a visit is paid, and weekly reports sent to the head office. When the office is resigned, it is usually transferred to the deputy, or else re-advertised, and given, as a rule, to the applicant of longest standing in the district. The rate of pay is 5*s.* per head per annum for constables, and 6*s.* per head for serjeants and inspectors. The divisional surgeon is called first to accidents on the highway, and always sent for to the station in case of accidents or doubtful cases of drunkenness. (Fee for day visits, 3*s.* 6*d.*, from 6 a.m. to 10 p.m.; 7*s.* 6*d.* from 10 p.m. to 6 a.m.).

The appointment is permanent so long as the surgeon is fitted for the office.

Fixed charges are allowed for medicine supplied to the station for general use, a certificate for 3*s.* 6*d.* being granted for a pint of diarrhoea mixture.

When fetched to accidents or street cases, medical men, whether divisional surgeons or not, should obtain a certificate of attendance at the time from the station, otherwise they may have their trouble for nothing.

An Association of Police Surgeons meets monthly at Scotland Yard, and the members dine together once a year. The annual subscription is 5*s.*

These regulations refer more particularly to London appointments, there being no recognized rule with respect to provincial appointments.

There is no pension or superannuation allowed.

POOR LAW APPOINTMENTS.—Appointments as medical

officers in parishes and unions are nearly always keenly competed for, as forming a valuable addition to practice.

They are restricted to doubly qualified practitioners (save in exceptional cases where there is no other resident qualified man, where one qualification is sufficient), and are made by the guardians of the parish, acting under the direction of, and subject to ratification by, the Local Government Board.

The guardians have power to suspend a medical officer temporarily for any alleged neglect of duty; but discharge of an officer can only be effected by the Local Government Board after due inquiry. Subject to such exception, the appointment is for life.

Vacancies are advertised, as they occur, in the chief medical papers and a local paper, and applications have to be made to the clerk to the guardians. The salary paid varies from £20 to about £200, and sometimes more, depending on the population and area of the district. In addition, extras according to a fixed scale are allowed for confinements, accidents, and certain other cases.

Superannuation is granted to officers of twenty years' standing or more, after they reach sixty years of age.

PUBLIC VACCINATION.—Public vaccinators are appointed in the same manner as medical officers in parishes and unions, the two appointments being frequently held by the same practitioner. The remuneration is as follows :—

If vaccination station is within one mile of practitioner's residence, 1s. 6d. per case; if within two miles, 2s. per case; if over two miles, 3s.

The fees are payable only in respect of successful cases.

For revaccination, two-thirds of the above fees are allowed.

Beyond the above fees, extra grants are given under certain conditions by the Local Government Board for successful vaccination.

MEDICAL AID ASSOCIATIONS.—These are generally speculative associations formed by non-medical men, who induce all sorts and conditions of people, poor or otherwise, to become members by payment of a scandalously small subscription, and out of the profits of the concern the medical officer, appointed by and under the entire control of the committee, is paid but a small sum. By the profession at large these associations are unanimously condemned, and strong pressure has recently been brought to bear on the Medical Council with a view of inducing them to declare the holding of such offices by medical men unprofessional and infamous conduct, and, although this end has not yet been gained, the feeling against them is so strong that young men thinking of taking such appointments are strongly and earnestly advised not to risk their professional reputation in this way.

CLUB APPOINTMENTS.—Club appointments, although not considered unprofessional, are unfortunately often far too readily taken up by struggling practitioners, tempted to accept them as a stepping-stone to practice and a small certainty to depend upon. The patients are mostly men, who pay from 3*s.* to 5*s.* or 6*s.* per head per annum for attendance, including medicine. A very slight calculation will serve to show how grossly inadequate the scale of payment is for a fully qualified professional man; and yet such appointments are often eagerly competed for, even

at the lowest rate quoted above. So long as this is the case, there can be but little hope of raising the fees or the status of the profession. If medical men could be induced to work more together, and decline such inadequate fees, there would be but little difficulty in raising the payment to a remunerative sum, say a minimum of 10s. per head, which most, if not all, of these clubs could pay without the slightest difficulty. Before accepting any club appointment, it is desirable to inquire the reason for a change of surgeons, and also to make sure that no reduction in fees is offered. To start practice in a town by accepting club appointments at a lower rate than hitherto paid to another professional man is but a sorry way of commencing an honourable career, or of hoping to work harmoniously with professional brethren in the same district.

These appointments, when vacant, are made known by advertisement in the medical or local papers, or by the secretary or other official of the club calling on the medical men in the neighbourhood to find out those willing to accept office, and on what terms, so that their names can be duly submitted to the club members for election.

The remuneration being in all cases at a fixed rate per member, no stated amount can be put down as the salary; but it is rare for any of these appointments to bring in more than £40 or £50 a year, the tendency in each district being to form numerous small clubs.

COLONIAL APPOINTMENTS.—Appointments in the various colonies are generally in demand, and, as in the case of most other positions open to medical men, the number of applicants for the same is always far in excess of the

vacancies. These occur principally in the West Indies and West African colonies.

HOW MADE.—The appointment in all cases is made by the Colonial Office, to whom application must be made by letter during the month of April in each year, addressed to the Private Secretary, Colonial Office, Downing Street, S.W., and from the total number so applying a list is made of those eligible, from which any vacancies arising during the ensuing year are filled up.

AVERAGE NUMBER OF APPLICANTS.—The average number of applicants so applying is about sixty per annum.

AVERAGE VACANCIES.—The average number of vacancies for many years past has not exceeded fifteen.

QUALIFICATIONS NECESSARY.—All applicants must be between twenty-three and thirty years of age, and be doubly qualified, preference being usually given to those who have held hospital appointments. Certificates of moral character and sobriety are required, and a medical examination by one of the consulting physicians to the Colonial Office has to be undergone.

TO WHOM OPEN.—With the exception of Ceylon and Jamaica, where vacancies are usually filled by qualified native candidates, the appointments hereafter mentioned are all open to suitably qualified British subjects.

PASSAGE-MONEY AND PENSIONS.—Passage-money out on first appointment and leave of absence on half-pay (in case of sickness or after six years' service) are granted to medical officers under the Colonial regulations; and those serving in West Africa are allowed six months' leave, with full pay and free passages home and out again, after every twelve or fifteen months of continuous residential service.

Medical officers are usually on the same footing as other Government servants as regards pensions ; but where private practice is permitted no pension is allowed, except in West Africa.

I give below a tabular statement of the principal Colonial appointments, which, for convenience of reference, are arranged alphabetically, together with their number, salaries, and allowances.

Colony.	Number of appointments.	Annual salary and allowances.	If private practice allowed.
British Guiana ...	45	£300 and quarters for two years' probation as supernumerary; then £400, rising to £900 with quarters, by annual increase of £25	Not until on permanent staff.
British Honduras	5	1, £200 and vaccination fees 4, £200, and £200 in addition for services as magistrates	Yes. Yes.
Ceylon	83	53, 600 to 1500 rupees 22, 3000 to 5000 „ 7, 5000 to 8000 „ 1, 12,000 rupees	Yes. Yes. Only consulting. „
Cyprus	3	1, £500 2, £250	Yes. Yes.
Falkland Islands	2	1, £300 1, £200	Yes. Yes.
Fiji	8	1, £600 and quarters 7, £300 „, and certain other extras	Yes. Yes.
Gambia	2	1, £400 and quarters 1, £300 „	Yes. Yes.
Gibraltar	2	1, £370 „ 1, £300 „	Yes. Yes.
Gold Coast* ...	20	1, £800 to £1000 and qtrs. 1, £600 to £700 „ 2, £500 to £600 „ 16, £350 to £500 „	Consulting only. Yes. Yes. Yes.

* Private practice very scarce. No appointments made to any one under twenty-five years of age.

Colony.	Number of appoint- ments.	Annual salary and allowances.	If private practice allowed.
Hong Kong ...	5	£500 to £1000 and quarters	No.
Jamaica ...	54	{ £150 to £250, generally £200 and quarters	} Yes.
		{ 1, £600 and quarters	} Yes.
		{ 1, £400 to £500 and quarters	} Yes.
Lagos ...	5	{ 1, £350 to £400, no quarters	} Yes.
		{ 2, £250 to £300, no quarters (natives only)	} Yes.
Leeward Islands (Antigua, St. Christopher, Ne- vis, Dominica, Montserrat, Vir- gin Isles) ...	23	{ £150 to £400, but mostly £250, with various extra fees	} Yes.
St. Helena ...	1	£230	Yes.
		£500, no quarters	Yes.
Sierra Leone ...	3	{ £300, „	Yes.
		{ £250, „	Yes.
Straits Settlements	11	{ £350 to £1200, and quar- ters in some cases	} No.
Trinidad ...	30	{ £250 for two years on pro- bation, with quarters ; then £400, with increase of £50 a year after five years' service	} Yes.
Tobago ...	3	{ 1, £250	Yes.
		{ 2, £200	Yes.
Windward Isles (Grenada, St. Lucia, St. Vin- cent) ...	24	{ £200 to £400, and certain allowances	} Yes.

NOTE.—In British Guiana, Jamaica, Trinidad, Tobago, Ceylon, Straits Settlements, Hong Kong, all officers are by law compelled to subscribe 4 per cent. on their salaries to a widows and orphans fund.

MEDICAL INSPECTORS OF MERCHANT SHIPS.—Under the Merchant Shipping Act, 1854, s. 226, provision is made

for medical inspectors, but up to the present time it has not been found necessary to make any appointments.

MEDICAL INSPECTORS OF SEAMEN.—These are appointed under the provisions of section 10 of the Merchant Shipping Act, 1867. Inspectors are paid by fees by the Local Marine Board where existing, or otherwise by the Board of Trade ; but, as inspection under the Act is not compulsory, very few of such appointments are made, and the fees are purely nominal.

MEDICAL INSPECTORS OF PASSENGER SHIPS.—The Board of Trade appoints five sanitary surveyors as inspectors of passenger ships. Candidates must be over twenty-five years of age, qualified in medicine and surgery, and must have served at sea as surgeons in passenger or emigrant ships for at least two years. The salary commences at £300 per annum, rising by annual increments of £15 to £400. Private practice is not allowed. Seeing that the appointments are but five, vacancies are necessarily very rare ; but, when they occur, are advertised in the medical papers.

FACORY SURGEONS.—Certifying surgeons under the Factory and Workshop Acts are appointed by the inspectors of factories, who have power also to revoke the same at any time. The Secretary of State has power to reverse any appointment or revocation by the inspectors. The appointments are local, and the duties consist in granting certificates of fitness for the employment of young persons and children in factories, and in inquiring into and reporting on any accidents in factories and fatal accidents in workshops. All registered practitioners are eligible for these appointments. Vacancies are uncertain, being caused by death,

removal, or resignation. The fees are paid in part by the Factory Department of the Home Office, and in part by the owner of the factory, and are subject to arrangement between the surgeon and the factory owner, power to alter them resting with the Secretary of State. The remuneration rarely amounts to any considerable sum except in large manufacturing districts, where occasionally as much as £100 or £150 a year is derived from the duties connected with the office.

MEDICAL OFFICER OF PRIVY COUNCIL.—This officer is attached to and under the control of the Local Government Board. He is appointed by the Privy Council, who may remove him at their pleasure. Salary must not exceed £1500, and is paid by the Treasury Commissioners. Duty—to report as to matters concerning public health.

MEDICAL VISITORS OF LUNATICS.—Two of these officers are appointed by the Lord Chancellor, and must be physicians in practice, and not, within two years prior to appointment, interested in any licensed house. Salary—£1500 a year and travelling allowances, with a superannuation allowance after twenty years' service when over sixty, or if disabled permanently. After appointment, further private practice is not allowed.

MEDICAL OFFICERS OF HEALTH.—These are often valuable appointments. Candidates must be registered, and qualified to practise in medicine, surgery, and midwifery; and no appointment may be made in any county, district, or combination of districts with a population of fifty thousand and upwards, unless the officer, in addition to these qualifications, is the holder of a diploma in Sanitary Science Public Health, or State medicine, under section 21 of the

Medical Act of 1886, or has for three years, previous to August 13, 1888, been a medical officer or inspector of the Local Government Board. The more important duties may be briefly defined as follows :—

1. To report as to the condition of premises dangerous to health or unfit for habitation, and to deliver copies of such reports to the clerk of the local authority.

2. They may enter and inspect slaughter-houses and butchers' shops, seize any meat unfit for food and take it before the justices to be condemned, without notice to the owner.

3. They may inspect any workshop or factory not under the operation of the special Act.

4. To visit all cases of infectious diseases reported to them under the Notification of Diseases Act.

5. Every medical officer for a district in any county must send to the County Council a copy of each of his periodical reports, otherwise the Council may refuse to contribute towards his salary.

In large towns and districts medical officers of health are not allowed private practice, but the salaries are proportionate, ranging from about £350 to £1500 per annum. Where practice is allowed, the salary ranges from £20 upwards, according to size of district.

Vacancies are advertised in local and sometimes in medical papers, and appointments by local authorities must be confirmed by the Local Government Board.

LUNACY APPOINTMENTS.—Appointments in hospitals or asylums specially devoted to the treatment of the insane are chiefly sought by those who have, to a certain extent, prepared themselves for this special branch of the profession

by attendance in the wards of some asylum during their curriculum ; but this preparation is not absolutely essential, and vacancies in both public and private asylums are generally open to all doubly qualified registered practitioners. The possession, however, of testimonials as to experience in some asylum generally gives a candidate a very decided advantage over others not so equipped. Those most likely to succeed in lunacy are men who possess, in addition to the requisite legal qualifications, a physical and moral fitness for dealing with the various classes of the insane ; they should be powerful, active, brave, good-tempered, and cheerful. A physically weak, irritable, or morose medical superintendent of an asylum would practically be almost as unfit for the position as an ignorant unqualified officer.

One very considerable advantage is to be obtained by a brief assistantship in an asylum, and that is the invaluable experience acquired in diagnosing disease, since it is a well-known fact that the insane will, under no circumstances, give any information as to their symptoms or feelings, and the practitioner must rely entirely on his own ability to identify the varied ailments from which his patients are suffering, or to detect when, as is frequently the case, they are merely malingering.

Without doubt, the curative potency of different asylums is closely related to the human endowments (apart from professional knowledge) of their superintendents, subordinate officers, and attendants.

The position of the superintendent of an asylum resembles in many ways that of a ship captain ; his power is supreme and far-reaching, and often a resourcefulness

and promptitude in action are demanded far beyond and outside the ordinary scope of professional work.

In the Metropolitan district some thirty licensed houses are to be found, and the provinces number over fifty in addition. Besides these, there are some seventy borough and county asylums and eighteen hospitals for the insane scattered over England, to which must be added Broadmoor Criminal Asylum, the Naval Hospital at Yarmouth, the Military Hospital at Netley, and a general asylum in the Isle of Man.

The pay of medical superintendents ranges from £400 to £1200 a year or even more, assistant-officers receiving a salary of £80 to £400 a year, the average being about £150 to £200, with board and residence.

The vacancies vary greatly, and no reliable estimate can be given of the annual number. The age-limit is from twenty-five to forty years.

In Scotland the asylums comprise—

District and chartered asylums	...	...	...	17
Parochial asylums	...	...	...	6
Licensed private houses	...	...	...	6
Poor-houses for pauper lunatics	...	...	...	14

In Ireland there are—

Criminal asylum	...	...	...	...	1
Mostly charitable asylums	...	...	...	...	4
County asylums	...	...	...	...	22
Licensed private houses	...	...	...	...	15

CORONERSHIPS.—These appointments are open to the public generally, and not confined to any particular profession ; but practically barristers, solicitors, or medical men are nearly always appointed.

No special qualification is necessary for the office.

A COUNTY CORONER must be “a fit person not a county alderman or county councillor, having land in fee ;” and a coroner for a district must reside in or within two miles of his district.

A BOROUGH CORONER must be “a fit person not an alderman or councillor.” For a franchise coroner there is no express qualification.

MODE OF ELECTION.—A county coroner is elected by a county council, a borough coroner by a municipal council, and a franchise coroner by the person or body having the control of the franchise in question.

Canvassing for these offices is supposed to be forbidden nowadays, but there is little doubt that personal influence is in most of these elections exercised on behalf of one or another of the candidates, and a man who simply rests his case on his merits will probably find himself left behind by bustling though oftentimes inferior rivals.

PAYMENT.—The pay of a coroner varies with the work done, from a few pounds per annum in a country place to many hundreds in London and the large towns. In London the expenses connected with the post are a serious item, and have to be defrayed out of the coroner's pocket.

Vacancies are usually advertised in the medical and often in legal and daily papers.

CHAPTER X.

SETTING UP AND PURCHASE OF PRACTICES.

AFTER a year or two's experience in some of the appointments referred to in the previous chapter, the newly qualified medicus probably determines to make a start for himself, either by setting up or purchasing a practice or partnership. We will briefly consider these two alternatives.

SETTING UP.—Setting up for one's self without purchase or taking up an "opening for practice," as it is generally called, was in former years perhaps the most usually adopted mode of acquiring practice; but with the advent of telegraphs, railways and other facilities for transport, the rapid development of districts, and the increased numbers entering the profession, the custom of buying and selling practices and partnerships has slowly and surely outpaced all other methods. "Openings," however, undoubtedly from time to time arise, and are, when in every way genuine, very excellent means of acquiring practice. The difficulty in all these cases is to determine the probable prospects of success in such openings. Many are offered by speculative builders, who, directly they have built a few houses on any new estate, advertise a nice-looking corner house

in the medical papers as a "good opening for a medical man," and as often as not some newly fledged graduate, fresh from hospital and anxious to marry and settle down, saddles himself with a lease of a house, or in some cases is inveigled into buying it, only to find the neighbourhood overrun with old-standing practitioners, who live within reach and acquire most of the new-comers as patients.

Other so-called "openings" are advertised by clergy and others in sparsely populated country districts, who feel the want of a resident medical man in their parish ; and whilst crediting them with the best intentions, very careful inquiry is necessary before acting on their advice, as probably few outside the profession have much acquaintance with the number of patients necessary to support a decent practice.

Moreover, the class of inhabitants must to a large extent govern the proportion of medical men. A mining district with some ten thousand souls may afford a bare living to one man, whilst a neighbouring town of the same size may provide comfortable incomes for five or six practitioners. Taken as a general rule, however, for the purpose of arriving at a tolerably correct idea as to the wants or otherwise of more practitioners in any locality, the average allowance is from fifteen hundred to two thousand people to each medical man, although it is to be feared that in most districts, especially the larger towns and more populous country districts, this average, in consequence of the overcrowded state of the profession, is rarely maintained, and oftentimes the proportion is under one thousand to one.

Personal antipathy, or some dispute with a medical man, not infrequently induces some well-to-do resident, in a locality where only one doctor resides, to try and get

another there to oppose him. It is therefore evident that much careful inquiry and the advice of an expert should be taken in all cases before venturing on an "opening."

PURCHASE OF PRACTICE OR PARTNERSHIP.—Buying a practice or partnership is the most usual way of acquiring practice. Generally speaking, a medical man has but a limited amount of capital at command, and it is of paramount importance to him that his investment should prove a suitable one, otherwise he may be so financially crippled at the outset of his career as to be practically prevented from attempting to get into practice again. Some remarks, therefore, upon the various precautions to be taken, and some of the pitfalls to be avoided, by those about to purchase, may, I hope, serve to save a few from misfortune. That some men are taken in when buying practices is unfortunately too true; but, considering that the Medical Register for Great Britain comprises over 30,000 names, it is scarcely to be wondered at that a few black sheep are to be found. To the honour and credit of the profession be it recorded, that, proportionally to their numbers, there are fewer malefactors in this than in any other learned profession. I hope it will be therefore clearly understood by my readers, that, when describing dishonest practices, I do so with a view of putting them on their guard, in case it may be their misfortune to be caught in the toils of the few who resort to such proceedings.

BUYING *versus* SETTING UP.—It is often asked, "Which is the cheaper, to set up in practice, or to purchase?" Given that a really good opening can be found, possibly this mode has a trifle of advantage; but we must take into consideration the drawback of having to wait generally several years

before headway is made, and the consequent risk of becoming more or less rusty in practice; and, further, the fact that one is naturally looked upon as an interloper by older established men in the district, and reluctantly and tardily recognized by them as a *confrère*; so that by the time a really decent practice has been established, it will be found that as much capital has been sunk as if a practice or partnership had been purchased in the first instance.

PROCURING A PRACTICE.—Many men, at starting, trust to some medical friend, for guidance in choosing a practice, and he may be of some indirect service in connection with the proposed practice; but obviously, for business purposes, he must be of little use beyond helping to judge of the general tone and character of the practice when other needful points have been investigated.

HOSPITAL PROFESSOR.—The aid of hospital professors is often sought in these cases, and undoubtedly their advice is sometimes of much value, so far as it relates to the suitability of the particular practice they may be able to recommend; but when it comes to a question of business relations, their knowledge of the practice is probably very limited, and they can give no reliable information as to the actual value or the necessary arrangements between the parties, and therefore no practice should be purchased without some further professional advice.

CLASS OF PRACTICE.—Mistakes are often made in the selection of a practice, and a choice is made wholly unfitted to the individual's capacity. This happens where a man's ambition induces him to seek a practice amongst the best class of patients in a fashionable locality or suburb, with no dispensing and a minimum of night-work. Practices

of that kind are rarely to be purchased in the market, their exceptional character ensuring their passing—when a death or casualty happens—mostly through private hands, and sometimes without advertisement. Such practices also, whilst of considerable value to experienced practitioners, would probably prove an unsatisfactory investment for a young man just starting. In many cases where such purchases have been made, and disappointment has followed, complaints have arisen of misrepresentation, the true cause being the impossibility of the successor to satisfactorily replace the late incumbent—who probably made the practice by his own *personnel*—in the patients' estimation. The beginner had far better choose a mixed practice at first, with a good share of poor patients, which will ensure his gaining a larger experience than with a high-class *clientèle*. By this means he will more readily gain a confidence that will be of the highest value to him, and he will find it easy to improve the practice by weeding out the poorest patients and cultivating a higher class when he thinks it advisable.

VALUE OF PRACTICES.—One of the chief points to determine is the market value of the practice, and this all-important question is one which only an expert, accustomed to be constantly concerned in the buying and selling of practices, can possibly determine with any degree of accuracy. The value of a practice varies from half-a-year to three years' average income, depending, among other things, on length of tenure by vendor, class of patients, locality, average fees, working expenses, length of introduction, size and extent of practice and many other minor details too numerous to specify.

Locality, too, has much to do with the value. A good-class practice in the West End of London will often realize two to three years' purchase on the average income, while the same in the East End will not fetch one year's purchase ; and yet, considered from a monetary point of view alone, the East End practice is undoubtedly far more lucrative and transferable than its more aristocratic neighbour in the West.

VENDOR'S ESTIMATE.—The vendor's opinion of the value of his practice is oftentimes not very reliable ; too frequently he is apt to overvalue his connection, and think his own practice better than any other, and it is only natural he should do so. Sometimes, however, the opposite is the case, of which I will give an instance from my own experience quite recently. The incumbent of an old-established practice of some £1200 a year instructed me to dispose of it for him for one year's purchase. After carefully investigating the books, I told the vendor I thought he was asking too little, and suggested £1800 as a fair price, which he agreed to. The next day I sent him a client, who agreed to buy at £1800.

PRECAUTIONS IN VALUING.—The small attention given to the teaching of book-keeping at most educational establishments in this country (admitted to be the greatest commercial country in this world), is one of the strangest features of this educational age, and is daily attested by the recurring errors of the small tradesman, whose weekly books affright or puzzle the anxious and careful housewife. I could recount scores of amusing experiences in medical book-keeping efforts. The object of directing attention to the fact is twofold : first, that it may warn those who may

be induced to overcredit the value of a practice recommended by a friend, or otherwise; secondly, to prevent a ready acceptance of income as disclosed by books, which sometimes are found wilfully falsified, but more often, in fact generally, from inability to properly keep them.

It is in this large class of cases that the expert alone can be relied on, whose practised and vigilant eye discerns the wrong as quickly as the right. With an example from actual experience, I will close this subject. I was employed by an intending purchaser to investigate a practice stated to yield £1000 a year. The surroundings promised most favourably. The books were well kept, and everything seemed straightforward. On close analysis, however, of the receipt account, I found that no less a sum than £1200 had been gradually received during the last three years, in payment of an account that had actually been incurred ten years previously. Had the purchase been completed, it is doubtful whether the buyer, having had every means of satisfying himself by the books, would be entitled to recoupment for misrepresentation; but at the best, he would have been involved in a heavy lawsuit and expenses, whilst the result, in any case, must directly or indirectly have largely affected him.

AGE OF PRACTICE.—This is a point of great importance, and much more complicated than appears on the surface. It will be seen at once that the older the practice the more valuable and reliable in every way; and for this reason the few that come into the market, are speedily and privately disposed of. Then it must be noted that of comparatively late years speculation of a certain kind has found its way even into professional life. And there are men who make

it their business to work up or to take over a small or decaying practice, and by pushing it in new directions and puffing they increase the takings, and after a time dispose of the practice again through advertisement, and as they are usually "good men of business," as the term goes, the speculation, at least for a time, is for them a thriving one.

TENURE OF HOUSE.—This should be carefully seen to when purchasing, for to acquire a practice without a reasonably long tenancy of the vendor's house is in many cases of little value, considerable goodwill usually being attached to the premises.

BASIS OF VALUE.—The basis on which the purchase-money is calculated is again a point often not properly understood. Some vendors reckon up their total bookings from day book or ledger, and quote this as the value; but I need hardly point out that bookings and receipts are two different items. In some practices half the bookings may be doubtful or valueless, especially in new districts or amongst poorer-class patients, and the customary or only real test of value is actual cash receipts; and these should be very carefully investigated, not for one year only, but for at least three years, so as to get a fair average; and even this is not always an absolutely safe guide without other evidence of value, as shown by the example given on p. 80.

INTRODUCTION.—The method and length of introduction are points to be well considered by an intending purchaser, especially in the case of London practices or those in large towns. When opposition is but slight, there is not the same risk as to transfer, and a month or so is usually sufficient; but in other cases it is of the utmost importance to make sure of a thorough introduction to the several

patients. A medical practice being essentially of so purely personal a nature, both time and tact are in the highest degree necessary for the purpose. More especially does this advice hold good when buying a practice for the first time, and the purchaser is necessarily more or less unacquainted with the routine of professional work, and lacking in the tact and judgment in dealing with patients, only to be acquired after some years of experience.

PARTNERSHIP INTRODUCTION.—When an introduction is given for any considerable period, it is generally called a Partnership Introduction, by which is meant that to the outside public it is intended to convey the impression that it is a permanent partnership, and not a succession, so as to facilitate the transfer of the connection ; but, between the parties themselves no legal partnership exists, and the agreement entered into is of quite a different and a much simpler nature than a partnership deed, the only semblance of a partnership being that it is usual for the purchaser to allow the vendor half the profits derived from the practice during the period of introduction. Care must be taken that, in drawing the agreement, a legal partnership is not created.

TIME OF INTRODUCTION.—The time at which introduction commences should be taken into account, the winter season being far more serviceable than summer ; for in the latter, in many practices, a large proportion of the patients are frequently out of town, and consequently, unless the period of introduction includes some of the winter months, it is impossible to give a thorough and complete introduction. To those who have been in practice before a lengthened period is not of so much importance,

and a practitioner of experience will oftentimes be satisfied to allow the vendor to quietly leave before any of the patients have time to know any change is impending, and trust to his own skill and tact to secure their adherence to himself.

REASONS FOR SALE.—Why a practice is offered for sale is often a difficult problem to solve. A reason is generally given by the vendor ; but in very many instances fiction enters into the case, and as the value of the goodwill may often be seriously affected by the reasons for sale, it is a matter of importance for the purchaser to find out the truth, if possible. The time-honoured excuse of “ill health” is made to do duty in the majority of cases, and no doubt the cares and anxieties of a busy general practice oftentimes seriously affect the health of a conscientious practitioner, and necessitate his seeking a less arduous sphere ; often, however, “ill health” is a mere fiction to cover some less satisfactory reason, such as financial difficulties, domestic infelicity, or sometimes, unfortunately, liaisons with lady patients, and when such is the case, the vendor is naturally anxious to conceal his real cause of leaving. Intending buyers cannot therefore be too careful in making full inquiries, which often require much tact and discretion, and it is far better to make them through an expert accustomed to undertake such tasks.

PROBABLE LOSS THROUGH TRANSFER.—The amount of practice likely to be lost by a purchaser on succeeding to an ordinary general practice is largely dependent on the locality and length and manner of introduction, as well as on the personal qualifications of the purchaser, and it is hardly possible to estimate it accurately ; but, given that a fair introduction is obtained, and no untoward circumstances

exist or arise to unduly mar the new-comer's prospects, the loss should not exceed at the utmost one-third of the average income of practice, and with ordinary good fortune the purchaser should, in the course of two or three years, be enabled to work up the income to its original value, if not to increase it.

RESERVE CAPITAL.—Care should be taken, when investing in any practice or partnership, to keep a sufficient reserve of capital in hand to meet all liabilities until any returns from the practice can be expected. Due allowance must also be made for the temporary depreciation of value referred to in the previous paragraph. A new-comer will also find at first that it is not a judicious policy to exercise undue haste in sending out or collecting his accounts, and should be careful, as far as possible, to conform to his predecessor's custom in that respect.

MODE OF PAYMENT OF PREMIUM.—This varies with the agreement between the parties ; but the custom is that half the purchase-money shall be paid on signing the transfer, and the other half when the introduction to the practice has been carried out by the vendor. Should the payment be deferred to any later date, it is usual for the vendor to require some satisfactory security, and interest to be paid from the date of completion of transfer.

PAYMENT OUT OF RECEIPTS.—This is a method of payment frequently asked for, and no doubt in the case of those not possessed of much capital a very favourable method of acquiring a practice : but it is only fair to state that such terms are not often conceded by vendors, first, because the great excess of buyers over sellers renders such a course unnecessary ; and, secondly, because there

must of necessity be a serious risk incurred in accepting payment by such means, which offer little, if any, security to the vendor. Sometimes, no doubt, principals who have succeeded in practice, and are not desirous of settling down again, will grant such facilities to an old and valued assistant or to a relative; but such cases are rare. Exception may be made in the case of death-vacancies, when it is not unusual, having regard to the uncertainty of transfer and the absence of any personal introduction to patients, to accept a comparatively small payment in cash and an agreed percentage of the profits or proceeds for a term of years.

FINANCIAL STATUS OF VENDOR.—Careful inquiry is necessary as to the financial position of a vendor, it being obviously not desirable, as a rule, to follow a practitioner who has got into disrepute or is in debt with all the local tradespeople, with in addition, perhaps, a bill of sale on his furniture.

PUBLIC APPOINTMENTS, TRANSFER OF.—It is well known that public appointments are often a leading element in the value of a practice, the holding of them being of itself some guarantee of the character of the practice and the position of the owner. Consequently it is of great importance to a purchasing successor to secure them, failing which the loss to the value of the practice has to be estimated, and provision made in the sale contract for a reduction in the purchase-money proportional to the estimated depreciation. It is plain that appointments cannot be at the actual disposal of the vendor, and that the utmost he can do is to bind himself by the contract to relinquish them, and simultaneously to use his utmost endeavours to procure them for his successor.

Purchasers should, therefore, be careful in all cases to see that this contingency is duly provided for, and a specified sum fixed as rebate in purchase-money in case of non-transfer, such sum usually being reckoned at the same rate of purchase as the goodwill.

PENAL CLAUSE.—In every case of purchase a clause must be inserted restraining the vendor from practising within a prescribed radius for a specified period.

USE OF NAME.—The use of vendor's door-plate or name, in conjunction with the purchaser's, is usually stipulated for during a limited period, especially when the introduction is but brief.

COLLECTION OF VENDOR'S ACCOUNTS.—Provision should be made in the agreement that the vendor exercises no undue haste in the collection of his accounts due for services prior to sale, otherwise serious injury might arise to the successor. A clause to meet such cases is always inserted in properly drawn documents, and the agent acting on behalf of a purchaser will take care that this, amongst other precautions, is properly attended to.

OTHER PRECAUTIONS AND HINTS.—Besides the foregoing precautions and hints, there are necessarily many other details to be seen to and provided for, and some which will specially arise in individual cases. I have, however, I trust, said sufficient on the point to convince any intending purchaser of the desirability and prudence of not trusting entirely to his own judgment to carry through the purchase, but of employing a practised hand to represent him.

CHAPTER XI.

PARTNERSHIPS.

ONE of the most important questions in entering into a partnership, and at the same time the most difficult to determine, is the possibility of the new relationship not continuing harmoniously. All may appear fair and smooth sailing at the outset, and everything promise well ; but in many cases, owing perhaps to some little professional jealousy, a petty dispute over some dubiously worded clause in the partnership articles, or some other trifle, the "rift in the lute" makes its appearance, and both partners would probably be only too glad to at once terminate the arrangement ; but this is oftentimes impossible, or only to be accomplished at a serious loss to one or both.

In many cases the junior partner is too apt to resent the relegation to him by his senior of what may be termed the less important work of a practice ; and yet this should not be, for in most cases the senior partner is a practitioner of many years' standing in the district, respected by all his patients, and seeking a junior to relieve him of some of the work, which increases beyond his power to properly accomplish. For a junior to expect to at once jump into

the confidences of the patients would be unreasonable, and he must be prepared at the outset to meet with many rebuffs, even to the extent sometimes of being refused altogether. As time goes on, however, and he becomes better acquainted with the work, he will find this resentment gradually wear off, and he will be as well received as his senior.

It will be plain that, for acquiring a share as partner in a practice already established, precisely the same precautions must be taken as in the purchase of a practice, to ascertain value, character, and other particulars. I need not again go over that ground, as the only difference is that in a partnership no complete ownership is acquired, but only a certain share of the profits derived, and those are determined and payable only in a particular way and at stated times, defined by the terms of the instrument which constitutes the partnership.

Without repeating, therefore, what has been previously set forth, it is only necessary to remind the reader that, —unless he is so fortunate as to be made a partner without payment, in recognition of his personal abilities and fitness to work the practice, maintain and perhaps increase it, where its possessor desires or requires less labour and responsibility—the practice should be as carefully investigated as if a purchase were contemplated.

DEEDS OF PARTNERSHIP.—According to the laws of this country, many arrangements in business life are considered to form partnership transactions, and the law relating thereto forms one of the largest subjects of jurisprudence. With this knowledge and one's own experience of the workings of this relationship, I cannot too strongly urge on the

reader who contemplates entering into it, that he should not fail to take every available precaution in connection therewith.

Pre-eminent among such precautions is that of the deed to constitute and regulate the partnership, and which can never be neglected with impunity, and the preparation of which must never be confided to unskilled hands. The peculiar education and daily experience of a lawyer's life alone meet the requirements of these documents, which belong to a special branch of the law known as conveyancing ; and in the library of practising solicitors precedents for documents will be found to meet a variety of partnership arrangements. In adapting these to the peculiarities of partnerships in all professions, businesses, and trades, the concurrent aid of the expert will be necessary to make them really workable ; and long experience has afforded me many instances of the serious consequences of the adoption of a "cut and dried" deed, adapted for a medical practice from one which had done duty in amalgamating the interests of two tailors. Every practitioner, therefore, upon entering into a partnership, should consult a reliable solicitor, and instruct him to let some medical expert collaborate with him in the preparation of a deed suited to the particular case.

Without, therefore, attempting to encroach on the lawyer's special province, I will merely add a few observations on certain matters that should, in all cases, have the careful consideration of any one joining as partner a practitioner already established.

TERM OF PARTNERSHIP.—It is advisable, in most cases, to make the term of partnership as long as possible ; in

fact, in the majority of medical partnerships, the term is for life, with, of course, provisions for termination in event of certain contingencies, such as permanent illness or incapacity, insanity, grossly unprofessional conduct, bankruptcy, and other causes. The objections to a short partnership are manifest, for on termination of the articles, in the absence of any special provision to the contrary, each partner is at liberty to practice independently; and with this to look forward to, each is naturally, during the partnership term, endeavouring to secure for himself as many of the patients as possible, and resenting any attendance upon them by his *confrère*, the result probably being that one or the other retains more than he justly should of the connection. And it is rarely easy or pleasant for two who have been working as partners to henceforth become opponents to each other; professional brotherhood under such conditions is hard to maintain.

HORSES AND CARRIAGES.—These should, whenever practicable, be the separate property of the individual partners, and kept entirely at their individual expense; for nothing is more liable to lead to differences and disputes than where, as is sometimes the case, horses and carriages are provided and kept by the partnership. If one partner uses them more than another, or happens to have an accident, much unpleasantness may be caused and disagreements arise very difficult to adjust. Lack of attention to the wording of this particular clause is probably the cause of more partnership differences than any other question. Difficulties may occur at first when a junior partner has but a small share of practice to commence with; and where this is the case, it should be provided in the deed that,

until such a time as the junior's share is increased by purchase or otherwise, or the exigencies of the practice *absolutely* necessitate it, he shall not be required to provide a horse.

JUNIOR'S POWER TO INCREASE SHARE.—Where a junior is admitted with but a small share to commence with, as is the more usual plan, care should be taken to see that he has the option at stated times of increasing his holding, until he gets on an equality with his senior partner or partners.

GIFTS AND LEGACIES.—These are matters which should also receive attention in the document. If they take the form of money, that should certainly be made a partnership asset. If the gift were by the will of a patient, naming either one or other of the partners only, the law would confirm the gift to the partner named. In the case of a picture, plate, ring, or other present to either partner by a patient who had been attended by that partner, the right to its personal ownership would be too clear to raise any question.

APPOINTMENTS.—The deed should clearly express the intention of the partners that, by whichever held, the fees should form part of the profits.

HOLIDAYS.—It is well to let the deed provide that either partner may absent himself for the purpose of rest and recreation at the expense of the partnership for a given time in each year.

DISSOLUTION.—Every partnership deed, properly drawn, provides for its termination; not only stating the causes which shall or may occasion it, but providing for the future conduct of the practice by one or other of the partners on terms agreed, or for the sale of the practice, and the

disposition of the money and of the book debts after discharge of every partnership liability.

As in these cases it must happen that one or other of the partners will succeed to the practice, it is advisable to provide that the purchase-money to be paid by the outgoing partner shall, if he desires, be paid by instalments extended over a period, interest being paid on the unpaid sum.

Care should be taken to provide that the outgoing partner shall not start in practice within three miles in town and ten miles in country cases, for a stated number of years after dissolution.

I mention these few points for general guidance, but if the reader takes the precaution to have the document properly prepared, all probable contingencies will be provided for.

CAUSES OF DISSOLUTION.—The bankruptcy or death of either partner terminates a partnership, and a properly drawn deed should always provide for any other particular event that shall determine it, and generally that the breach of any of the agreements in the deed by either partner shall entitle the other partner to determine the partnership on notice. Where, as is frequently the case, the partnership is for a stated term, it will of course end at the period agreed “by the effluxion of time.”

RETIRING OR DECEASED PARTNER'S SHARE.—I would specially caution readers against the clause so often inserted in partnership deeds, that the surviving or continuing partner should merely have the *option* of purchasing the share, for it is manifest that in such a case the retiring partner is at the mercy of the other, who can refuse to buy and object to any proposed purchaser introduced, and so

virtually prevent the sale. In all cases of a partner retiring or dying, the purchase of his share by the other should be compulsory.

ASSISTANT WITH VIEW TO PARTNERSHIP.—An undoubtedly much-sought-after post by those entering the profession, is that of an assistant with a view to partnership, and theoretically such a method of getting into practice seems to have much to recommend it. Practical experience, however, has long since shown that comparatively few of these arrangements really culminate in the desired partnership, so many contingencies being likely to arise to make one or the other of the parties demur to the proposed arrangement. In the interests of the future partner, moreover, it is usually not advisable that he should be introduced to the practice as an assistant in the first instance, for he naturally is looked upon in a far different light by the patients than if he appears at once with the dignity and status of a partner. A mere verbal arrangement, moreover, to take an assistant with a view to partnership, or even a letter promising a share at some future date, is of no practical value to the assistant in the absence of specific terms for future partnership, and probably in nine cases of ten where an assistant is engaged under these conditions, for some reason or another, the expected partnership is never entered into, and frequently principals may have a succession of assistants, hold out the same prospects to each, but get no further. On the other hand, there is the reasonable objection to be made on either side, that for two perfect strangers to enter into partnership for a long term without any experience of each other's disposition or capabilities, or the chances of their being able to work together harmoniously, is a somewhat

hazardous experiment. To meet this difficulty, and by way of a compromise between the two extremes, the writer suggests the following arrangement, which he has in numerous cases successfully carried out. After the respective parties to the proposed arrangement have in due course talked over all the necessary details, and discovered whether or no there is a reasonable probability of their working together, then, if they are disposed to proceed further, let the deed of partnership with all terms and conditions be drawn up, signed, and deposited with the agent or solicitor of the parties. This deed should contain a special clause, whereby it is provided that, if from any just or satisfactory cause or reason either party should be desirous of withdrawing from the partnership, he shall be at liberty to do so within the first three or six months, as may be agreed upon, in which case the deed shall be considered null and void, and the proposed partner shall be paid an agreed sum for his past services, and shall, of course, be restrained from practice in the district in the usual way ; if, on the other hand, neither has any objection to raise, the partnership continues in the terms of the deed, and the purchase-money is duly handed over. Such an arrangement as this tends to deter either party from withdrawing from frivolous causes, and also prevents principals from offering situations with a view to partnership as a mere bait to obtain a better assistant at perhaps a lower salary, a course unfortunately sometimes adopted.

CHAPTER XII.

HOW TO SELL A PRACTICE.

ALTHOUGH, to some extent, covering the same ground as the chapter on "Purchase of Practices" (Chapter X.), I deem it better to repeat myself a little, seeing that many vendors will probably turn to this alone when desirous of selling, and not refer to the hints to purchasers.

The three methods mentioned in a previous chapter (see p. 44) of procuring an assistant apply with equal force to the disposal of a practice, and as this event probably occurs once, at any rate, in the experience of most practitioners, and in the case of some perhaps several times, it is important to set about it in the right way. Among the objections to getting a friend to transact the business is the difficulty of finding one with sufficient time and leisure, the correspondence and trouble involved before matters are brought to a satisfactory issue being in most cases enormous. The same holds equally good when the vendor tries to sell his own practice. He saves, perhaps (or thinks he does), the commission paid to an agent; but he will probably find that it is not such plain sailing as he supposed, and that numerous difficulties and obstacles will arise to prevent

matters being satisfactorily concluded. A vendor, when acting for himself, can only find a purchaser by means of an advertisement in the medical papers. It is of the first importance that no neighbouring practitioner should have any inkling of such intention; but naturally a neighbour would readily recognize, or at any rate suspect, the advertisement as being that of his *confrère*, and would be prompt to notice the visitors who would necessarily interview the vendor. Besides, publicity may arise when the vendor replies to applicants for particulars, and gives them more or less of the history of his practice. It is impossible for him, also, to distinguish applicants who mean business from those who do not, and it is unfortunately but too true that some answer advertisements merely from curiosity, or in order to find out a place where a change is impending in order to set up there themselves. Even if a purchaser be found in this way, the chances are that, unless very well versed in all the practical details of selling—an experience rarely possessed by, and scarcely to be desired in, a medical man—some points are pretty sure to be overlooked, and an imperfect agreement arrived at, or the full value not obtained for the practice or partnership, as the case may be. It is almost an impossibility for a vendor to put an absolutely correct value upon his practice, and he will undoubtedly find that his interests are better studied, and the business transacted far more quickly and quietly, if he trusts himself entirely in the hands of a competent agent.

VALUATION BY AGENT.—Let me here say that complete confidence should be placed in the agent, who should be informed as to every detail, and, if possible, personally visit the vendor and receive his instructions, inspect books,

and assess the value of the practice or partnership, by which means he is enabled to speak from personal knowledge of the practice and district, and of what class of men will suit the vendor and the practice, while saving the publicity of giving information to other than really likely buyers.

An agent, moreover, can generally carry out the negotiations without advertisement, withhold any information as to exact locality or name of principal until absolutely necessary ; and is far more likely to obtain full value for his principal, having always on his books plenty of buyers ready to pay a full and fair price.

EMPLOYMENT OF ONE AGENT ONLY.—I would here again warn readers against the evil of employing more than one agent at a time (see remarks in a previous chapter on this point on p. 30).

WHEN TO SELL.—Times and seasons do not affect the sale of practices to any great extent, but some discretion may very well be exercised even in so apparently trivial a detail. The most convenient time, as far as books and accounts are concerned, is undoubtedly at the end of the year ; but this unfortunately involves the vendor turning out of his house in midwinter, and therefore, where any choice of time is practicable, it is better to so arrange that the transfer shall not be made at this inclement season. The winter months are generally the best for introducing a successor, as probably by far the larger number of patients are on the books. A short introduction in the middle of summer, when in many cases half the patients are away, would be of little value from a purchaser's point of view.

CARE IN REPRESENTING VALUE.—Particular care should be exercised by a vendor that he in no way misrepresents

the value of his practice to an intending purchaser, for material misrepresentation as to returns is liable to an action at law, and, even if not substantiated, will cause much unpleasantness and expense. Vendors should insist, in all cases, on the purchaser, prior to completion, satisfying himself, by a personal (or an accountant's) examination of the books, that the representations made are strictly accurate, as after such an examination no claim can be made, except for fraudulent misrepresentation.

VALUE OF GOODWILL.—Many of the hints contained in my chapter of advice to purchasers will be found useful also to vendors (see Chap. X.). The vendor must at all times be careful to get the best security he can for his purchase-money. There are always plenty of would-be purchasers ready to buy any practice, and pay for it “out of proceeds;” but I need scarcely say that such a method, except in very exceptional cases, is not to be commended, as it offers no protection to the vendor should the incompetence, illness, or death of purchaser cause a diminution in returns so serious as to preclude all possibility of the debt being extinguished.

TERMS OF PAYMENT.—If a purchaser is unable to comply with the usual terms of payment, viz. half the purchase-money on signing agreement, and the balance at end of the introduction, the vendor is justified in asking for security for any deferred portion, and also for five per cent. interest thereon until paid off.

EXCEPTIONS.—Whilst not recommending, as a general principle, allowing long credit in cases of purchase, I do not for a moment wish to reflect on the generous concessions frequently made by old-established practitioners in

favour of assistants who, perhaps after many years' service, have earned a right to some more consideration than is shown to strangers. Cases such as these are by no means rare, and it is to the credit of the profession that long service should be in some way recognized. Moreover, in these instances such confidence is rarely abused.

DEATH VACANCIES.—In the case, again, of death vacancies, where the risk of transfer, by reason of absence of any proper introduction, is much increased, it is frequently necessary to accept a considerable proportion of purchase-money by instalments; in fact, in these instances it is customary to base the money payable partly upon the income derived from the practice—say, for example, twenty-five per cent. of the gross receipts being given to the widow or representatives for a period of three, four, or five years, as the case may be. Practices also in the East End of London or in manufacturing towns, being less sought after, are frequently sold on easier terms than would otherwise be the case; and therefore no hard-and-fast line can be drawn in settling terms of a transfer, due consideration being given to the various circumstances surrounding each particular transaction. Information as to the manner of introduction, and other points connected with the transfer of a practice, will be found in a previous chapter on the “Purchase of Practices” (see p. 74).

BUYING BEFORE SELLING ONE'S OWN PRACTICE.—Practitioners contemplating a change of practice, very frequently fall into the mistake of purchasing another practice before they have sold their own; but, save in very exceptional cases, this course is not to be recommended. In the first place, it will be found difficult, if not impossible, to meet

with a vendor willing to sell, and wait perhaps an indefinite time during which the purchaser disposes of his own practice; and even if willing to wait, it may, and frequently does, happen that, from some cause or another, the would-be purchaser is unable to effect a satisfactory sale, and in many cases is obliged to submit to a considerable sacrifice to enable him to fulfil his other agreement. Far better, in all cases, "be off with the old love before you are on with the new;" for, having satisfactorily sold his own practice, there is plenty of time for a medical man, whilst completing the introduction, to look out for another sphere of labour.

CHAPTER XIII.

PRACTICE ABROAD.

OWING in a great measure to the overcrowded state of the profession in England, many more practitioners than was formerly the case look further afield for openings; and therefore the subjoined brief epitome of the chief conditions affecting those holding British qualifications who may desire to practise on the Continent or abroad will doubtless be found serviceable. In the British colonies, with but few exceptions, little difficulty will be met with, except that proof of possession of a *bonâ fide* diploma will be required, and in some instances a small fee. In all cases it is advisable, before starting for any colony, to get diplomas and registration certificates endorsed by the English Consul, to obviate possible difficulties as to identification.

TABLE SHOWING REGULATIONS AFFECTING BRITISH
PRACTITIONERS ABROAD.

Country.	Requirements for practice.
BRITISH COLONIES.	
Antigua	No formality is required.
Australia	Must be registered by Medical Board of colony in which he desires to practise. May be required to prove the genuineness and authenticity of diplomas. Fee £1 1s.
Barbadoes	Application has to be made to the Medical Assessors. Fee 5s.

Country.	Requirements for practice.	
BRITISH COLONIES (continued).		
Bermuda	Governor in Council gives permission to practise on production of diplomas. No fee.	
British Columbia ...	Examination by Medical Council of colony. Fee \$100.	
British Honduras ...	No formality is required.	
Cape of Good Hope	The Colonial Medical Committee examines diplomas of applicants, and the Colonial Secretary then grants licence to practise. There is no fee.	
Ceylon	Practice is free.	
Dominica	No formality is required.	
Gibraltar	Diplomas must be produced to the Governor. No fee.	
Grenada	Application must be made to the clerk of the Colonial Secretary. The fee is £1.	
Hong Kong ...	Medical Board examines the qualifications of applicants, and a declaration has to be made before a magistrate. The fee is \$5.	
India	Practice is free.	
Jamaica	The Registrar-General acts as Medical Registrar. A declaration has to be made before a justice of the peace, and the diplomas are initialled by him. The fee is £1.	
Malta	A fee is necessary.	
Manitoba	Application must be made to the Registrar of the College of Physicians and Surgeons. Fee \$5.	
Mauritius	No fees are required.	
Natal	Application must be made to the Medical Board. The fee is £1 15s.	
New Brunswick ...	Diplomas must be submitted to the Council of Physicians and Surgeons. Fee \$10.	
Newfoundland ...	No restrictions.	
New Zealand ...	There is no examination, but certain legal formalities must be gone through. Fee £1 5s.	
Nova Scotia ...	Application must be made to the Provincial Medical Board, Halifax, and proof of registration in Great Britain presented. The fee is \$25.	
North-West Territory	The Lord-Lieutenant is registrar. Fee \$5.	
Ontario	Diplomas have to be presented to Royal College of Physicians and Surgeons of Toronto, and an examination passed. Fee \$50, and small annual subscription.	
Prince Edward's Island	The Board of Examiners examine the diplomas, and charge a fee of £1 10s.	

Country.	Requirements for practice.		
BRITISH COLONIES (continued).			
Quebec	Practitioners must become members of the College of Physicians and Surgeons. No examination is required from holders of a British qualification. There is a fee of \$20, and an annual payment of \$2.
Sierra Leone	Practice is free.
Straits Settlements	Practice is free.
St. Lucia	Application must be made to the chief clerk in the Government office. There is no fee.
St. Vincent	Application must be made to the Registrar of the Medical Board. Fee £5.
Tasmania	A Court of Medical Examiners examines the diplomas of applicants.
The Bahamas	No formality is required.
Tobago	No formality is required.
Trinidad	Applicants have to prove their qualifications, and also to show that they bear a good character. All registered persons are members of the Medical Board. There is no fee.
EUROPE.			
Austria	Must pass State examination, or obtain University degree in medicine, and become an Austrian subject. Exemptions may be granted under very special circumstances.
Belgium	Upon the advice of a jury having the right to grant the diploma of Doctor, the Government can grant permission to practise to a foreign subject possessing a diploma in medicine, surgery, and midwifery.
Denmark	Foreigners are required to pass State examination in Danish.
France	A degree of M.D. obtained by examination before a French faculty is indispensable.
Holland	Foreigners must pass the State examination.
Germany	Any person may practise, but, if he has not passed the State examination, is liable to fine and imprisonment if convicted of a mistake.
Greece	A State examination must be passed, but graduates of foreign schools may take their examination in French or English.
Italy	A foreigner must (1) obtain an authorization (<i>abilitazione</i>) from one of the Royal Universities of Italy; or (2) if he desire to practise only amongst foreigners, he is at liberty to do so.

Country.	Requirements for practice.		
EUROPE (<i>continued</i>).			
Monaco	University degree of United Kingdom, or diploma of Fellow of Royal Colleges of Eng., Scot., or Irel., must be produced to Consul or Mayor of Monaco, and an undertaking given to reside in Principality from April to October.
Portugal	State examination must be passed (<i>vivâ voce</i>).
Roumania	State examination must be passed ; but if the applicant possess a degree of M.D. from a university of high repute, the Minister of Education may give an authorization after requiring the candidate to compose and defend a dissertation.
Russia	
Norway	State examination must be passed.
Spain	State examination must be passed, but exemptions are sometimes granted on application through the British Ambassador.
Sweden	State examination must be passed.
Switzerland	A qualified English practitioner must pass an examination at a university in that country. The examination may be passed at Basle, Zurich, or Berne, in German ; and at Geneva or Lausanne, in French.
Turkey	An examination must be passed at Constantinople, for which the fee is £4 10s.
NORTH AMERICA.			
United States	A. No regulations in Connecticut, District of Columbia, Kansas, Maine, Massachusetts, Ohio, Rhode Island, Utah, Indian Territory, Creek Nation. B. Diploma to be registered with State or county officials in Arizona, Arkansas, Delaware, Georgia, Idaho, Indiana, Michigan, Nebraska, Nevada, and Wyoming. C. Diplomas to be endorsed by a college "in good standing," or by the State Medical Society, or by the State or Territorial Board of Examiners ; or by the State Board of Health in California, Colorado, Illinois, Indian Territory, Iowa, Kentucky, Louisiana, Maryland, Missouri, Montana, New Hampshire, New Mexico, Oregon, Pennsylvania, South Dakota, Tennessee, Texas, Vermont, West Virginia, Wisconsin. D. Candidate is examined by State or District Board of Medical Examiners, or Board of Censors, in Alabama, Florida, Minnesota, Mississippi, New Jersey, New York, North

Country.	Requirements for practice.
NORTH AMERICA (continued).	Carolina, North Dakota, South Carolina, Virginia, Washington. Fees vary from \$1 to \$25.
Mexico	University degree advisable, but at present not enforced.
SOUTH AMERICA.	
Argentine Republic	Applicant's diploma must be verified by Argentine Consul in this country, for which the fee is £1 4s. Three examinations must then be passed in the Universities of Buenos Ayres or Cordova. The fees are \$300, and the examinations are conducted <i>vivâ voce</i> in Spanish.
Brazil	A State examination must be passed, which is conducted in Portuguese or French.
Bolivia	No examination. Apparently no restrictions.
Chili	Regulations resemble those of Argentina, and the examination is passed in the Spanish language at the University of Santiago.
Ecuador	No restrictions.
Peru	An examination must be passed before the University of Lima, and is conducted in Spanish. The fees amount to about £40.
Paraguay	An easy examination requisite.
Uruguay	Similar to Argentine Republic, with examination by the University of Monte Video. Fee \$300.
Venezuela	Nominally an examination at one of the two medical schools, Caracas and Maracaibo, is required ; but, practically, there is nothing to hinder an English medical man from practising.
CENTRAL AMERICA.	
Costa Rica	No restrictions.
Guatemala	No restrictions.
Nicaragua	No restrictions.
San Salvador	No restrictions.
Spanish Honduras	No restrictions.
British Guiana	In order to practise legitimately in this colony, practitioners must be on the local register. On application to the secretary of the Medical Board, all qualifications actually registered in England can be registered here.
Dutch Guiana	State examination as in Holland.
French Guiana	Same regulations as in France.
Orange Free State	Regulations very lax. Permission to practise obtainable without qualification.

CHAPTER XIV.

ARBITRATION.

BY H. R. OSWALD, M.D., BARRISTER-AT-LAW.

IN most deeds of partnership and agreements of sale a clause is inserted called an "arbitration clause," the object of which is to obviate the expense of an action at law when differences arise between partners or vendors and purchasers on matters connected with their deed or agreement. This clause is common in partnerships and transfers of all kinds, and, of course, in those of medical men. It is a moot point, however, whether arbitration has effected the purpose for which it was instituted, and whether it has not proved, in the end, quite as costly as an action in the courts of justice. This state of things has arisen probably from the dissatisfaction of the defeated party at the result, and his endeavour to better his position by obstructing the course of the arbitration when he foresees an adverse decision, or by attempting afterwards to re-open the case by appeals or otherwise. Though his power in this respect is limited by Acts of Parliament, he is able still, perhaps rightly, but in some respects unfortunately, to obstruct a final decision, so as to make arbitration a costly proceeding. The employment of solicitors or of counsel to represent parties adds, of course, to the expense.

Arbitration is of two kinds. It may be concerning matters already in litigation, where a judge refers a point to the decision of an official referee; or it may concern matters about which the parties have some difference of opinion, and which they wish to refer to a domestic tribunal, in order to avoid litigation. There is no doubt that, if the parties behave loyally in the latter process, it should be a much cheaper method of settling disagreements than an action in the courts. But human nature is pugnacious; hence the doubt.

The latest Act governing the subject is that of 1889, which largely repeats previous Acts, but does not extend to Scotland or Ireland.

When two people wish to arbitrate, they sign an agreement expressing their mutual consent to refer certain matters in dispute to an arbitrator or arbitrators. This document is called the "submission,"* and, once signed, is irrevocable, unless by leave of a court or a judge; and its effect is the same as an order of the court. As far as this submission is applicable to the reference, its provisions are understood to include the following points; unless the contrary is expressed therein, viz. that there shall be one arbitrator. (If, however, the reference is to two arbitrators, the latter may appoint an umpire within the period in which they have to make their award, *i.e.* within three months after being called on, by written notice, to act, or after

* Definition of "submission:" A submission (unless the contrary appears) is a written agreement to submit present or future differences to arbitration, whether an arbitrator is named therein or not. When it is in the form of an agreement, it requires one ordinary agreement stamp, if the subject-matter be above £20.

entering on the reference. But this time may be enlarged. If, again, the arbitrators have not made their award within the period, or have stated in writing to the parties or to the umpire that they cannot agree, the umpire may enter at once on the reference, and make the award himself.) He must make the award within one month of the date at which the time for the arbitrators to make their award had expired. If this time be extended, he must notify the parties of the fact in writing. The parties, subject to any legal objection, are examined on oath by the arbitrators or umpire respecting matters in dispute; they must produce documents if required to do so, and, generally, obey the arbitrators or umpire. Witnesses may be examined on oath. The award is final and binding on the parties or those claiming under them; and the costs of the reference and award are in the discretion of the arbitrators and umpire.

Such are the points to which it will be understood that the parties have agreed in making their submission, unless they have expressed the contrary clearly. In the submission they may, of course, insert their own provisions; but, as has been said above, they cannot recall them.

It will be seen that arbitration takes place before a kind of domestic tribunal. The arbitrators should be men of special knowledge, and as impartial as possible. When each disputant appoints one, and the arbitrators proceed to appoint an umpire, the arbitrators then discharge some of the functions of counsel for each side, and the umpire assumes the position of a judge. Nevertheless, the arbitrators take part in settling the award. An umpire is not quite the same as a third arbitrator, for the former decides alone when the two arbitrators differ, whereas the latter

tries to reconcile the views of his two fellows, decides between them, and makes a majority. An umpire decides between the original parties to the reference, re-opens the case, examines witnesses himself if necessary, and makes his award without considering any which the arbitrators may have made.

Though a verbal appointment may suffice, it is better to appoint umpire and arbitrators formally in writing.

When the submission provides for reference to an official referee, he determines the points referred ; but the court can transfer the reference if it pleases.

Once parties submit to a reference, the law endeavours to make them abide by their act. For instance, if one of them, under the impression that the arbitration will be adverse to him, commences legal proceedings in respect of matters referred, any other party to the submission can ask the judge to stay proceedings. He must do so before delivery of pleadings and after appearance. And if the applicant shows himself to be, and to have been, willing to do whatever was necessary to conduct the arbitration, and if there is no sufficient reason to the contrary, the court or judge would stay such proceedings of the opposite party.

While the court will recognize the contract, called the submission, of the disputants, it will assist also to put down factious obstruction to concluding the arbitration ; but the judge will not make an order contrary to the terms of the submission. In some cases any party to an arbitration may serve the other, or the arbitrators, with a written notice to appoint an arbitrator, umpire, or third arbitrator. Then, if such person is not appointed within seven clear days after the notice has been served, on application by

the party who gave notice, the court can appoint an arbitrator, who has the same powers to act as if appointed by consent of all parties. This appointment is so made where the parties disagree; or the arbitrator declines to act, or dies; or the parties, or their two arbitrators, do not appoint an umpire though so empowered; or where an umpire declines the office, is incapable of acting, or dies.

When, on the other hand, the submission provides for reference to two arbitrators, one to be appointed by each party, and an arbitrator refuses to act, that party may appoint another instead; or if one party does not appoint for seven clear days after the other has done so, if the latter serves his opponent with a written notice to appoint, he can make his own arbitrator act singly, and his award would be binding. But such an appointment may be set aside by the court or a judge on sufficient grounds.

As to the powers of arbitrators, these are derived to a great extent from the terms of the submission; and when it contains nothing to the contrary, the powers are those conferred on them by the Act, including the administration of oaths, the statement of the award as a special case for the opinion of the court, and the correction of any clerical error or omission in the award. They can summon witnesses by subpœna; but cannot compel the production of any document which a witness would not be compelled legally to produce at a trial.

Arbitrators must act with regularity and impartiality to render their award effective; otherwise their labour may cause mischief. They should examine witnesses only when both parties are present, and, if one be absent, give him

notice. They can then proceed without him if he does not put in an appearance.

The award should cover the point in dispute, and not substitute some irrelevant settlement as an alternative.

If the award be formal and in writing—and a document is preferable to a verbal award—or if likely to be brought afterwards into court, it should be stamped. The stamp may be attached at any time before the award is produced in court. The successful party should have the award delivered to him after the costs are paid, the losing side receiving an unsigned and unstamped copy.

Among other powers of the court or a judge over arbitrations is included that of enlarging from time to time the period allowed for making the award, whether such period has expired or not. The court also can remit cases for consideration by the arbitrators, and, unless otherwise directed, the latter must determine the award within three months of the order. The court, moreover, can remove an umpire or arbitrator for misconduct, or set aside the award for the same reason, or if improperly procured.

By leave of the court or a judge, the award on a submission may be enforced in the same manner as a judgment.

Hitherto we have been considering mainly arbitrations, the subject of which has not given rise to litigation, and where the parties desire to avoid it if possible.

There is, however, another kind of arbitration, viz. about matters already subjects of litigation in the courts. In such cases the court (by which is meant the High Court of Justice), or one of its judges, may cause a reference to be made, under order, out of court. The reference is

to an official or special referee for inquiry and report, and concerns usually some question arising out of a cause, into which it would take too long to inquire before a jury. For example, if there are voluminous documents to be examined, scientific or local investigations to be made which would be very inconvenient to carry out before a judge and jury, or if the dispute relates wholly to matters of account, the court could order the whole case or any question of fact to be tried before a special referee or arbitrator, to be agreed on by the parties, or before an official referee of the court. The consent of the parties is necessary to this proceeding, unless they are under some disability.

The decision of the official referee (an officer of the court) is equivalent to a verdict of the jury; but it may be set aside by the court.

The court or a judge may compel the attendance of a witness in any part of the United Kingdom before any referee, arbitrator, or umpire, or can issue a writ to bring a prisoner before these officials.

Perjury before an arbitrator is punishable as if committed in open court.

Pending arbitration, an arbitrator may state a case for an opinion of the court, or any question of law arising from the reference.

Finally, the question of costs remains.

If the submission is silent as to costs, the costs of the reference are settled usually by each party paying his own, while those connected with the award are divided equally between the parties to the submission. But the submission may give the arbitrator power over part or the whole of

the costs, and then he must decide in the award as to the payment of them and of his fees.

Again, the submission may define the costs, a plan which binds the arbitrator, though he may not act if he thinks the fees offered him insufficient.

Lastly, the submission may direct costs to abide the event, which generally is equivalent to the decision of the arbitrator. The costs arise in connection with the reference and the award. There are, besides, those of the cause when the matter has been referred out of court.

Thus it will be seen that contesting parties may limit the amount of costs in an arbitration by means of the agreement termed the "submission;" and, if also they can induce arbitrators to accept the fees offered previously to their appointment, an approximate idea of the expenses of any particular case may be obtained.*

* For further information on this subject the reader is referred to the valuable works of Russell and Manley Hopkins, and to the Act 52 and 53 Vict. c. 49.

CHAPTER XV.

BOOK-KEEPING.

BOOK-KEEPING.—When fairly settled in practice, the subject of book-keeping naturally forces itself on the attention of the practitioner, and is one which, unfortunately, is usually least attended to by medical men, who at the best are bad men of business, and, when it comes to keeping their own books, think anything will suffice if they can manage to make out their accounts to their own satisfaction, forgetting that the time may come when they may want to sell their practice or take a partner, or death may come upon them suddenly, and leave their representatives the almost impossible task of putting their affairs in order, and collecting what is due to them. Failing any proper method in their book-keeping, they will inevitably suffer when it becomes necessary, as before said, to realize; for no intending purchaser or partner will pay full value for any investment over which there hangs any doubt as to the value. I will, therefore, do my best to clearly explain the system most in vogue, which has the advantage of being easily understood by any one, even if totally unacquainted with medical matters. There are various other systems of book-keeping extant, many professing to be shorter and simpler than the old-fashioned way; but experience has proved that, all things

considered, the old beaten tracks are in most cases the easiest to tread.

In practices where an assistant is kept, it is usual to relegate the book-keeping to him, and now and again an efficient book-keeper is found ; but rarely is this qualification combined with the other desiderata, whilst an assistant with a smattering of book-keeping generally exemplifies the old adage, that "a little knowledge is a dangerous thing," to say nothing of the likelihood of mistakes arising through constant changes in assistants, each probably equally ignorant of the correct method, and therefore helping to get the books into a hopeless state of muddle and confusion.

With a view of avoiding such difficulties, it is becoming more and more the custom—as busy practitioners find it to their advantage in every way—to employ a medical agent or accountant accustomed to the peculiarities of medical book-keeping to keep in order the books of the practice. This can be arranged for at a moderate and fixed charge, the accountant either visiting the practitioner at regular intervals or the books being sent up to his offices, as may be more convenient. Accuracy, regularity, and promptness in rendering the accounts are thereby ensured, and, when necessary, long-standing entries are promptly noticed, and the debtor reminded of the fact by a note from the accountant. Another and no slight advantage is that, with books professionally kept, the real value of a practice can be at any time readily assessed, should circumstances render a sale necessary, or the assistance of a partner be considered advisable. For the benefit, however, of those whose practices do not appear to warrant the slight extra expense, or who feel they have themselves the

leisure and ability to be their own accountants, I will briefly describe the *modus operandi*, and leave them to adopt so much of it as may appear desirable or applicable to their individual case.

Of course, where an accountant is employed, he will keep the books upon the strictly recognized rules and methods common to all accountancy work, whereas in the following brief hints I only profess to describe what may be called an abbreviated system sufficient to ensure accuracy, and containing all that is really indispensable to render the books intelligible to an outsider.

In an ordinary general practice three books are essential to ensure a satisfactory result—a day-book, cash-book, and ledger. A bill-book is often added, and, although not indispensable, is very useful when kept properly.

I will take the books in order. First, we have the day-book, which is really the most important of all; for from it, if properly kept, all the others can be made up at any time by an expert accountant. A foolscap book of some considerable thickness should be employed, ruled as shown at A and B in the following specimen:—

A	MAY 1.	B	
Brown, Mrs.	1, New St. Visit. Rep. Mixt. ...	...	3/6
Jones, Mr.	2, King's Road. Visit ... ..	...	5/-
Smith, Mr.	King's Head Hotel. Paid acc. ... ..	...	£1 11s. 6d.
Robinson, Mr.	Advice and Med. Paid	...	2/6

The rulings are not absolutely necessary, but help to keep the names and amounts charged distinct, and facilitate posting into ledger later on. The day-book is always kept handy in the surgery or consulting-room, and in it must be entered every transaction, whether it is a patient seen in surgery or visited, or an account paid. All names should be followed by the addresses, as in the example, or some other means of identification, to avoid the possibility of mistakes when posting to ledger. The fee charged should also be added, although some practitioners omit this, and add the charges in the ledger themselves, when all the entries are duly posted. The former plan, however, is much to be preferred, inasmuch as it enables any one to complete the books or to tell approximately at any time from the day-book what the practice is worth.

Entries of work paid for at the time are usually distinguished by having a thick line drawn through them diagonally, to show they need not be posted to ledger (*vide* Robinson, Mr., in specimen).

In cases where an assistant or partner or any second person receives cash, the entry in day-book should be initialled by the principal when the money is handed to him, as evidence that he has received it, or if retained by partner, of course the latter should similarly append his initials. Each day is distinguished in the day-book by being entered in bold letters at the top of the day's entries, and each separate entry kept distinct by a dividing line, as in example. I need scarcely add that the day-book should be written up every day.

In some cases, more especially where no charges are made for medicine, the busy practitioner dispenses with the

day-book as described, and makes his visiting-list serve as such, being able in such cases to post a week's entries at a time to each patient. If the visiting-list is carefully kept up, and every entry recorded therein, such a time-saving system offers great temptations ; but unless the posting from the visiting-list is done at very brief intervals, the chances of errors and omissions are very much increased.

CASH-BOOK.—The cash-book, one might almost think, requires but little description, and yet, strange to say, very many practitioners seem to think it unnecessary to keep one at all, simply crossing off the accounts paid in the ledger, and keeping no record of their expenditure. Such a haphazard way of book-keeping is unbusinesslike in the extreme, and in the end both time and temper will be saved by keeping a proper cash-book.

A smaller book than that adopted for the day-book will suffice, and it can be purchased ready ruled and labelled "cash-book." It should be entered up at frequent intervals from the day-book, and all entries of cash received should appear on the left-hand page, with the date and name of patient added ; when in payment of an account, the word "account" should be added.

As these entries are made, a thick line should be drawn through them in day-book as evidence that they are posted, and red or blue pencil is convenient for this purpose. The number of the page to which posted should also be put opposite the day-book entry, but this is more often than not omitted in practice.

On the opposite side of cash-book all entries of payments made on account of the practice should appear in the same way day by day, such as drugs, bottles, salary of assistants,

expenses of horses, grooms, and other business items. A quarterly or half-yearly addition of items on either side will then show at a glance the profits of the practice. The principal often keeps the cash-book himself, where he does not wish his assistant to know too much about the income he is making, and it is not necessary for the assistant even to handle the cash-book.

LEDGER.—The ledger is a complete record of all attendances on patients that are not paid for at the time, and into it are posted all entries of attendances appearing in the day-book not already paid for and entered into the cash-book. Strictly speaking, these latter should also be entered, but as a matter of fact they rarely are. A large ledger is recommended, to avoid the trouble of constantly transferring accounts into new books; the book is purchased ready ruled like a cash-book, and a page or half a page is generally devoted to each patient, the full name and address being written in bold type across the top of page, and the same in the index. As each item is entered from the day-book a line should be drawn through it, as advised before in posting into the cash-book; but inasmuch as it is not usual to render detailed accounts to patients, all that need be entered in the ledger is the date and the amount of charge. Thus an entry which in day-book would read “Mrs. Brown. Visit, mixture, pills, and ointment, 5s., on July 1,” would simply be posted to Mrs. Brown’s account as “July 1, 5s.” Several days can thus be entered in one line, and much space economized. Should further details be required, they can always be traced from the day-book by the dates.

The addition of the total entries will then at any time

show the patient's indebtedness. Before our ledger is complete, however, entries of cash paid on account, or in full discharge, as the case may be, must be duly recorded, and these are posted from the cash-book direct into ledger (or, if books kept by assistant, they can be posted from the day-book, to avoid giving the cash-book over to him). Each entry of cash received in payment of an account must be duly noted in ledger, and the page at which it is so noted should be inserted against the entry in cash-book to evidence the fact, as well as the cash-book folio being entered in the ledger. This latter rule is, I fear, however, but rarely adopted, except by professional accountants. The ledger will now, if properly kept, appear somewhat as follows :—

18

MR. ARTHUR BROWN, 8, NEW STREET.

		£	s.	d.			
1894							
Jan.	1, 3/6 ; 2, 5/- ; 3, 3/6 ; 4, 5/- ; 8, 2/6		19	6			
	12, 3/6 ; 30, 2/6		6				
			5	6			
July 28	Cash in settlement ... M. 94 C.B. 28	1				1	5 6

I have shown cash paid in a separate column, as it serves to keep the account more clear if it is so entered ; but it is usually considered sufficient to keep all in one column, and enter the cash under the total amount, and then draw a line, and bring down balance if any. When all the account is paid, the red or blue pencil line drawn perpendicularly through helps to evidence the fact at a glance. The little figures and letter M. 94 simply show that the account was made up and sent out at that date, M. meaning midsummer.

A few hints from any practical book-keeper will soon remove from any one's mind any slight difficulty that might arise in understanding a system so simple and easy to work, but perhaps rather difficult to explain clearly in a book. Many will no doubt think such minute instructions superfluous, but when I say that I am almost daily asked for hints or advice upon the best and simplest way to start the all-important task of book-keeping, they will perhaps pardon my devoting so much space to the subject.

BILL-BOOK.—I have referred, at the commencement of this chapter, to a bill-book; this is merely a record of all accounts sent out, with the names, date, ledger page, total of account, and date when paid entered therein, and is in many respects useful, if not essential.

SENDING OUT ACCOUNTS.—The method of sending out accounts is now much simpler than was formerly the case, when it was the custom to render very elaborate and detailed statements with every item set out in full. In the present enlightened age, all that is usually given is the first and last date included in the period for which the account is rendered, and the total amount due.

The following is a specimen of account form very usually adopted, and which can be lithographed at a very trifling expense.

Folio .	Marlborough House, York. 189...
.....	
To I. Brown, M.D.	
For professional attendance and medicine	
From	
To	
	£ <u> </u> <u> </u>

In the case of new patients, it is sometimes deemed advisable to add at bottom of account, "Full particulars if desired ;" but this should not be done after the first account. Occasionally the total for each month is given, but this involves a good deal more work and time to the busy practitioner, and is practically of little service to the patient ; in fact, the patient manifestly *must* rely on his medical adviser's honesty in rendering accounts, it being palpable that no one else can possibly form a correct estimate of what attendance is necessary and what is not. If a medical man wished to unduly inflate his accounts, he would probably do so by paying more visits than were necessary, and not by overcharging for those he paid. No doubt there are, amongst the patients in most practices, some few ready to carp and cavil at any trifling circumstance, and think they should receive full particulars of every item in the account in the same way as a tradesman's account. A little quiet reasoning on the part of the practitioner will, however, generally convince them that a professional man's charges cannot be measured out like tea and coffee, and that brain is not a marketable commodity. That medical men are to be found occasionally who do forget themselves so far as to overcharge, unfortunately, I cannot deny ; but these cases are very few and far between, and I have, in my experience as an accountant, come across far more cases where patients' accounts have been voluntarily and materially reduced than where any increase has been made.

ACCOUNTS, WHEN SENT OUT.—The custom of sending out accounts but once a year, formerly the rule, is now the exception, even in what may be termed high-class practices ;

for probably fully ninety per cent. of those who have occasion to render accounts to their patients do so at least half-yearly, and in many cases quarterly, the latter being especially the case in poorer-class practices, where patients can more readily pay a small account quarterly than a large one at more distant intervals. The risk of bad debts is also undoubtedly lessened by the modern system, for in many cases in the present day, were twelve months permitted to elapse before rendering an account, it would be found that many of the patients had long since left for another locale, and the address probably be very difficult to trace.

DEBT-COLLECTING.—In many practices, I might almost say in all, there will be found patients who will not pay without some additional pressure beyond that which the practitioner himself can apply, and some few remarks as to the best course to adopt may prove serviceable. Written requests by the principal himself usually have little effect ; lawyers' letters are generally a little too peremptory, and liable to totally estrange many patients who might otherwise be retained ; the latter, moreover, is a rather expensive procedure, solicitors, as a rule, charging whether they effect the object aimed at or not. An intermediate and better course is either to employ the accountant who keeps the books—where this course is adopted—or, if not, to put all the accounts over a certain age into the hands of some recognized medical accountant or debt-collector's hands, who will undertake the work in a systematic and unobjectionable manner, charging a commission only on the amounts actually recovered. I would, however, warn practitioners generally, especially those residing in London and the outskirts and

the larger provincial towns, against bogus debt-collecting agencies, many of which are constantly cropping up, and obtain business by calling upon medical men and getting accounts to collect, and then, when collected, they themselves disappear from the scene together with all the cash they have been able to obtain. Satisfactory bankers or other references as to standing and trustworthiness should in every case be insisted upon before giving employment to any one in the capacity of debt-collector.

CHARGES TO PATIENTS.—The question as to the fees to be charged to patients is one admitting necessarily of a very wide range, and no hard and fast rule can be laid down, or any fixed scale adhered to, as circumstances must constantly arise to render modification of any system necessary. The custom has, however, obtained for many years of charging fees as far as possible in proportion to the income of the patient, and this certainly seems to be the fairest basis on which to work, the difficulty being in most cases to accurately ascertain what the income is, it being manifestly impossible in most cases to approach the patient direct on such a subject. Consequently, the rental of house occupied has been adopted as the most reasonable basis to work upon, and from that a scale has been drawn up and almost universally adopted by the profession, which scale I give for the benefit of those who may be unacquainted with it. I also append a list of the charges usually made for operations and other special services of constant occurrence in practice.

	Rental.														
	Under £25.				£25 to £50.				£50 upwards.						
	s.	d.	s.	d.	s.	d.	s.	d.	s.	d.	s.	d.			
Ordinary visit within I mile, or advice at surgery ... }	2	6	to	5	0	3	6	to	7	6	5	0	to	10	6
Mileage, beyond I mile ... }	I	0	to	I	6	I	0	to	2	0	I	6	to	2	6
Special visit ...	One and a half times ordinary visit.														
Detention ...	Price of ordinary visit extra for each half-hour.														
Prescription or letter of advice ... }	5	0	to	10	6	7	6	to	10	6	10	6	to	21	0
Servants ...	2	6	to	3	6	3	6	to	5	0					
Two or more patients in same house ... }	Half usual fee to each beyond the first.														
Midwifery ...	21	0	to	42	0	21	0	to	63	0	42	0	upwards		
Vaccination ...	3	6	to	7	6	5	0	to	10	6	7	6	to	21	0
Testing urine ...	3	6	to	10	6	5	0	to	10	6	7	6	to	21	0
Night visit after 10 p.m. ... }	Double usual fee.														

SPECIAL FEES AND NOTES TO FOREGOING TABLE.

SPECIAL VISIT.—A special visit is usually understood to be one where notice is given after the usual time (10 a.m.), or where immediate attendance is required, or at a particular time to suit the patient's convenience, in all of which cases a larger fee than usual is customary.

DETENTION.—Any detention beyond half an hour should be charged an extra fee for each half-hour.

CONSULTATION.—When called upon to meet another practitioner, at least a double fee is justifiable. If called in as consultant by another practitioner, not less than 21s. should be charged.

SEVERAL PATIENTS IN SAME HOUSE.—If of same family, half-fee to each extra; if visitors, and paying separately, full charges to each.

MIDWIFERY.—The fee charged is usually considered to include free attendance during the first week in ordinary cases ; but if detained an unreasonable time, say over six hours, an extra charge is usual.

CERTIFICATES.—When required to give a certificate of ill health, the same charge should be made as for a visit. Life insurances or lunacy certificates, involving more trouble, should in no case be charged less than 10s. 6d.

SITTING UP OR SLEEPING IN HOUSE.—This should be charged from £1 1s. upwards, according to means of patient.

In addition to the scale given above, a list of the chief operations, and an idea of fair charges to make for the same, is given here—

Anæsthetics	...	...	...	1 to 2 guineas	
Dislocations (various)	...	...	...	1 to 3	„
„ Hip	...	...	...	3 to 10	„
Fractures	...	...	...	1 to 5	„
Amputations, hand, arm, leg, foot,					
etc.	...	...	...	5 to 10	„
Amputation, hip-joint	...	...	10	„	upwards
„ thigh	...	...	7	„	„
„ toe or finger		from	1	„	
Ovariectomy	...	...	„ 15	„	
Tracheotomy	...	...	„ 3	„	
Lithotomy	...	...	„ 10	„	
Post-mortem examination		„	2	„	

I would again impress upon the reader that all the foregoing charges are merely to be taken as a fair guide in ordinary cases, the circumstances of the patient in many cases warranting an increase or decrease, as the case may be, at the discretion of the medical attendant.

For much of the information as to fees I am indebted to Dr. Jukes de Styrap, whose excellent little manuals on Medical Ethics and Medico Chirurgical Tariffs will be found most useful to all practitioners.

CHAPTER XVI.

THE DENTAL PROFESSION.

THE warning, "Don't," with which I prefaced my advice to those entering the medical profession, is, I am glad to say, not requisite at present with regard to the dental branch. Dentistry as a profession is yet in its infancy, and is still, unfortunately, looked down upon by many as somewhat a derogatory vocation, as compared with other learned professions. That this has been the case in the past is no doubt accounted for in a great measure by the fact that prior to the passing of the Dentists' Act in July, 1878, no restrictions whatever were in force to prevent any one from practising as a dentist, and hundreds of individuals, with no knowledge whatever of dentistry, unable to speak the Queen's English, and utterly unversed in the three R's, were allowed to style themselves dentists, and exercise their skill—or want of it—upon a too-credulous public. With the passing of the Dentists' Act, a radical change was effected, no one, unless already a registered medical practitioner, being allowed since then to practise as a dentist without having completed a prescribed course of medical, surgical, and dental study, served an apprenticeship, and

obtained by examination a diploma in dentistry entitling him to practise. Unfortunately, the Act could not be, or at any rate was not, made retrospective, and any man or boy who could produce evidence of having acted as a dentist prior to the date of the Act, even if, as is known to be a fact, having only drawn one tooth, could, for a space of twelve months subsequent to the passing of the Act (*i.e.* up to August 1, 1879), claim to be registered as a dentist (R.D.S.), and could, and does still, practise without let or hindrance by virtue of his name being upon the register, the result being that there are hundreds of so-called dentists with no real right to the title, and utterly unworthy to be classed in the same category with those who have mastered every detail of their profession, and have earned for themselves a name and position warranted by their skill and knowledge. At the time of writing this chapter, there are some 4800 registered dentists, and only 1300 with the L.D.S. diploma. As years roll on, the number of incompetents will gradually diminish, but it must necessarily be a long period before the register contains only the names of those whose professional attainments can be in any sense guaranteed.

The public, unfortunately, is slow to distinguish between the initials R.D.S. and L.D.S., which to the practised eye convey so very different a meaning; and whilst admitting that many highly educated gentlemen, in every way, perhaps, equal in professional attainments to the licentiates, are still amongst the R.D.S.'s, one cannot help wishing that it were possible in some more effectual manner to distinguish the pure metal from the counterfeit.

The qualified dentist of the present day is in every way

entitled to take equal rank with the medical man; indeed, the two professions should go hand-in-hand, each being the better for the countenance and support of the other. In fact, a large proportion of those who take the licence to practise dentistry, at the same time take one or more diplomas in medicine or surgery, and there are many advantages in such a course. Therefore I have thought it necessary to add this chapter on the dental profession to my little handbook, for the use of those who may embark in dentistry in preference to, or in connection with, medicine or surgery. With the substitution of the word "dental" for "medical," nearly all the facts, customs, regulations regarding assistants, covering, practices, partnerships, book-keeping, etc., apply equally to both professions, and in this chapter I propose merely to briefly touch upon the chief points of difference.

APPRENTICESHIP. — First, then, as to apprenticeship. Unlike the medical profession, this is compulsory upon all taking up dentistry, and every candidate for examination for a diploma must produce evidence of having served a three years' apprenticeship with a registered dental practitioner, for the purpose of learning more especially mechanical dentistry. This apprenticeship may be taken either before or after registration as a dental student. No period prior to registration shall count as any portion of the four years' study necessary prior to qualification; but one year of such apprenticeship after registration as a student may be counted as one of the prescribed four years.

REGISTRATION.—All students must register as such with the General Registrar, in the same manner and

subject to the same regulations for preliminary examinations as are prescribed for medical students (see p. 8).

CURRICULUM.—Two years are required to be spent in one of the dental hospitals, or medical schools having special dental departments recognized by the licensing authorities, and, in addition, a two years' course of instruction must be taken in a general hospital. Both courses can be taken concurrently. The subjoined table of the principal hospitals in Great Britain, giving the complete curriculum in dentistry, together with the fees payable for the necessary two years' study, will be found useful.

Hospital.				Fees.		
				£	s.	d.
Dental Hospital of London, Leicester Square, W.C.	...			50	0	0
National Dental Hospital, Great Portland Street, W.	...			31	10	0
Guy's Hospital, Borough, S.E.	...	...	...	50	0	0
Owens College Dental Hospital, Manchester	...			56	14	0
Mason's College, Birmingham...	...	...	...	42	0	0
Plymouth Dental Hospital, Plymouth	...	...	...	23	2	0
Incorporated Edinburgh Dental Hospital, Edinburgh	...			25	10	0
Glasgow Dental Hospital, Glasgow	...	...	...	25	4	0
Dental Hospital of Ireland, Dublin	...	...	...

The cost of two years' attendance in a general hospital necessarily varies, depending on the hospital selected. From £30 to £60 is about the average.

Fuller information as to any of the above schools can be obtained by writing to the dean or secretary, who will forward a descriptive pamphlet.

DIPLOMA.—Unlike medicine and surgery, there is but one diploma in dentistry—the licence—and this can only be obtained from one of the four Corporations referred to in the subjoined table, which gives other information likely to be serviceable to the student.

	Royal College of Surgeons, England.	Royal College of Surgeons, Edinburgh.	Faculty of Physicians and Surgeons, Glasgow.	Royal College of Surgeons, Ireland.
Initial of Licence ...	L.D.S.R.C.S. Eng.	L.D.S.R.C.S. Edin.	L.D.S.F.P.S. Glas.	L.D.S.R.C.S. Irel.
Preliminary examination ...	Compulsory	Compulsory	Compulsory	Compulsory
Age for examination ...	21	21	21	21
Years' study requisite ...	4	4	4	4
LECTURES REQUISITE.				
Anatomy ...	1 course	1 winter course	1 course 6 months	1 course
Physiology ...	1 "	1 6 months' course	1 "	1 "
Surgery ...	1 "	1 winter course	1 "	1 "
Medicine ...	1 "	1 "	1 "	1 "
Chemistry ...	Instruction	1 "	1 course	1 "
Materia medica ...	"	1 3 months' "	1 "	1 "
Dissections and demonstrations ...	12 months	12 "	12 months	2 courses
Practical chemistry and metallurgy	Instruction	1 3 "	1 course	3 months
Practice of surgery ...	2 winter sessions	1 6 "	1 6 months' course	3 "
Clinical lectures in hospital ...	2 "	1 6 "	1 6 "	9 "
Dental anatomy and physiology	2 courses	1 course	1 6 "	1 course
Dental surgery and pathology	2 "	1 "	20 lectures	2 "
Metallurgy ...	1 "	1 "	20 "	12 lectures
Dental mechanics ...	2 "	1 "	Demonstrations	2 courses
Practical instruction in mechanical dentistry ...	3 years	3 years	3 years	3 years
Practice in dental hospital ...	2 "	2 "	2 "	2 "
Fees ...	£10 10s. od.	£10 10s. od.	£10 10s. od.	£10 10s. od.
Dates of examination ...	May and November	April and July	October and May	Feb., May, and Nov.
Period for which unsuccessful candidates are referred to studies	6 months	3 months	6 months	3 months

REGISTRATION.—The diploma, when granted, must be registered in exactly the same way as prescribed for medical men (see p. 14), and the same rules and regulations as to practice apply as therein laid down.

FEES.—Unlike the medical profession, no regular scale or system of charging has been adopted in the dental profession. The broad principle obtains of adjusting the fees as far as practicable to the means of the patient. For surgical work it is usual with the best practitioners to regulate their fees in accordance with the time occupied, charging from 1 to 5 guineas an hour according to circumstances. For mechanical work from 5 to 50 guineas is the fee for a set, and in some cases even higher fees are readily obtainable. Taken as a whole, the fees for dentistry are decidedly better than those obtained by the average medical practitioner, and when it is remembered that the hours of work are strictly limited, the patients all seen at the practitioner's house, no carriage or horses kept, no night-bell to disturb one's slumbers, fees paid at shorter intervals, and consequently fewer bad debts, it must, I think, be admitted that there are many advantages to be gained by adopting the dental in preference to the medical profession.

COVERING.—The definition of "covering" as applied to the medical profession (see p. 21), and the resolutions of the Medical Council in respect thereof, are as applicable to dentists as to medical men, but, unfortunately, at present far too little attention is paid to the subject so far as relates to the practice of dentistry, glaring instances of utter disregard of the regulations being of everyday occurrence. The fact that malpractices and ignorance of their profession by unqualified and unregistered men rarely lead to any fatal

result may partly account for these quacks continuing to practise so long unmolested ; but, fortunately for those who have complied with the law, the Medical Council is showing itself more active of late years in exercising its powers and enforcing its regulations. The powers of the Council are clearly defined in its resolution of November 24, 1892, which reads thus : “ Any registered dentist practising for gain who knowingly and wilfully deposes a person not registered or qualified to be registered under the Dentists’ Act to treat professionally on his behalf, in any matter requiring professional discretion or skill, any person requiring operation in dentistry of a surgical character, will be liable to be dealt with by the General Medical Council as having been guilty of infamous or disgraceful conduct in a professional respect, and to have his name erased from the Dentists’ Register.”

This notice was sent to every dentist on the register, so that none could plead ignorance of it.

ADVERTISING.—Unfortunately, advertising is far more common in the dental profession than in any other, and notwithstanding the fact that all the colleges granting the dental diploma require every candidate before receiving his diploma to make a solemn declaration that he will not advertise or allow his name to be associated with any one who does, cases from time to time occur of qualified men so far forgetting themselves as to resort to such unprofessional means of attracting business.

The Medical Council has absolute power to remove from the register the names of all offenders, as is very clearly shown in the well-known case of *Partridge v. The General Medical Council*, tried in March 1892, before the Master of

the Rolls, where the plaintiff's appeal against the right of the Council to remove his name from the register was dismissed with costs. The principal offenders in advertising are of two classes—those who are neither qualified nor registered; and those who are simply registered, but possess no diploma. These men appear to think that, because the Medical Council has up to the present taken no steps to prevent their vaunting in public newspapers, and by other means, their superiority over other more scrupulous practitioners, it has not the power to stop them; but the Council is evidently not going to let them off so easily in future, for on May 28, 1894, it passed the following resolution: “The attention of the Council having been called to the practice of advertising by certain dentists, it is hereby resolved that the issue of advertisements of an objectionable character, and especially of such as contain either claims of superiority over other practitioners or depreciation of them, may easily be carried so far as to constitute infamous or disgraceful conduct in a professional respect.”

It is to be hoped, therefore, that this resolution indicates the intention of the Council to assert its rights, and that it will exercise more rigidly the powers given it by the Dentists' Act, and protect those on the register who keep to professional lines of conduct, by promptly removing from the register the names of all advertisers. For further information on this important topic, I would refer my readers to a little pamphlet written by Mr. Blandy, L.D.S., of Nottingham, which can be obtained on application to him.

PUPILAGE FEES.—The fees for apprenticeship during the three years vary considerably, and necessarily depend greatly on the class and extent of practice wherein the pupil is

installed. From £50 to £100 a year may be put down as a fair average sum, although in many cases as little as £50 is accepted for the whole period. This does not, however, include board and lodging, it being more usual for a dental pupil to be outdoor than indoor.

ADDENDUM.

THE CLINICAL RESEARCH ASSOCIATION.

Since commencing this Guide, the above very useful Association has been established, under the patronage of many of the leaders of the medical profession, and will undoubtedly take its place in the foremost ranks of medical societies.

The object of the Association is to assist medical practitioners, at a nominal cost, in the prevention, diagnosis, and treatment of disease, and in the investigation of the causes, by microscopical, chemical, or bacteriological examinations.

The Laboratory is under the control of qualified skilful directors, under whose immediate supervision all kinds of morbid products—excretions, secretions or effusions, vomit, fæces, and blood, as well as water, milk, or any article of diet suspected of being the cause of disease—are carefully examined and reported upon.

The Association already has upwards of 2000 members, and its careful work is proving of great assistance to medical men.

There is at present but a nominal fee charged for membership. Full information can be obtained by writing to the Secretary, Mr. C. H. WELLS, 1, Southwark Street, London, S.E.

CHAPTER XVII.

LADY DOCTORS.

BY MISS F. M. STRUTT-CAVELL.

THOUGH the sanguine expectations of those who thought that women in general would eagerly avail themselves of the medical services of members of their own sex in preference to those of the male doctor, have not been realized, it cannot be denied that women have shown themselves capable of successfully pursuing the same curriculum as men, passing the severest examinations, and of attaining distinction in the profession.

The credit of pioneering the path for the medical woman is generally ascribed to Mrs. Garrett Anderson, M.D., but that eminent lady was really the second to apply for admission upon the Register, her predecessor being Miss Elizabeth Blackwell, of New York, who, after obtaining with great difficulty her M.D. degree from the University of Geneva, U.S.A., in 1849, came over in the following year to study for some months at St. Bartholomew's Hospital, under the late Sir James (then Mr.) Paget, before starting in practice in the States. However, Mrs. Garrett Anderson, then Miss Garrett, had obstacles to overcome at the outset of her student life which would have daunted any one but a woman of her energy and

determination. Her nature was of the type that never recognizes defeat, and every fresh impediment in her path merely acted as a stimulus to renewed effort. The budding women medicos of to-day, who peacefully pursue their studies at their chosen school of medicine, can scarcely realize that in the fifties there was no school at which a woman could study medicine, and no examining body willing to examine her. After ceaseless effort and repeated rebuffs, Miss Garrett was admitted by the Apothecaries' Society to the examination for a licence to sell drugs, and was permitted to obtain her medical education privately from the teachers in the medical schools; but it was not till 1865 that this lady was able to register herself as a legally qualified English practitioner. Miss Garrett's example inspired other ladies to follow in her footsteps, but the Apothecaries' Society, alarmed at the prospective influx of the gentle sex into the field hitherto sacred to man, refused to examine them until they could go through the complete medical course in a recognized school under the same conditions as men, which, as all the schools were closed to them, was obviously impossible; so the ladies were compelled to go abroad and study at Zurich. In 1868 the Paris Medical School was opened to women upon the application of an American student, Miss Mary Putnam, and they were admitted to the various examinations leading up to the M.D. degree. This was a great step forward, and the first Englishwoman to avail herself of it was Miss Garrett, who, obtaining leave to enter the examinations without repeating her course of study, had the satisfaction of taking her M.D. degree in 1870.

To Dr. Sophia Jex-Blake is due the honour of having

led a splendid, though temporarily unsuccessful, attack upon the exclusiveness of the Edinburgh School and Hospital from 1869 to 1874. Defeated, but not disheartened, Miss Jex-Blake and her little band came to London, and started the London School of Medicine for Women at 30, Handel Street, Brunswick Square; but it was not till 1877 that the students were able to obtain clinical teaching in a general hospital. This was the Royal Free, which contains 160 beds, and which since that year has been solely devoted to the use of women students. Another advantage gained about this time was that the Examining Board of the King's and Queen's College of Physicians, Ireland, decided to admit women to the examinations for its diplomas. An idea of the enormous difficulties in the way of obtaining medical education and qualification in these early days of the movement may be gained from the fact that it was not until twenty-five years after Miss Blackwell's visit to England that the last-named privilege was granted, and women were enabled to obtain in their own country a legal qualification to practise.

So much for the past, though this brief *résumé* gives no idea of the long hard struggle against the entire strength of the medical profession, the bitter disappointments, the harsh rebuffs, and even persecution, to which the brave women already mentioned were subjected; but no useful purpose can be served by reviving the details of a strife which, in pity for the then conquerors, were better buried in oblivion.

The lines of the women students of to-day have indeed fallen in pleasant places. They can obtain a complete medical education by becoming students of the London School of Medicine for Women; the Edinburgh School of

Medicine for Women, the Medical College for Women, Edinburgh; Queen Margaret College, Glasgow; and the Schools of Surgery of the Royal College of Surgeons in Ireland. The four first-named schools receive women only. They can also enter at the University of Durham, the Medical and Science Faculties of which are located in Newcastle-upon-Tyne, the former in the College of Medicine, and the latter in the College of Science, where women students can receive instruction in the various subjects of these two Faculties.

LONDON SCHOOL OF MEDICINE FOR WOMEN.—Prior to commencing study the student must pass a preliminary examination as prescribed for male students (see pp. 8 and 9), and register at the office of the General Medical Council as a student, and the course of study is the same in all respects, during the five years' curriculum, as is required from male students (see pp. 11 to 13).

FEES.—The school and hospital fee for complete curriculum is £125, or £135 if paid by instalments.

This course includes all the medical subjects required for the degrees of the University of London, the Royal University of Ireland, and for the qualifications of the Irish and Scotch Colleges, and of the Society of Apothecaries, London.

HOSPITAL PRACTICE is obtained at the Royal Free Hospital, which is reserved entirely for lady students, and contains 160 beds.

Students may also attend the Hospital for Sick Children, Great Ormond Street; the Alexandra Hospital for Hip Disease, Queen Square, W.C.; the Royal London Ophthalmic Hospital, Moorfields; the National Dental Hospital,

Great Portland Street ; the London Fever Hospital, Liverpool Road, N. ; Queen Charlotte's Lying-in Hospital, Marylebone Road, N.W. ; British Lying-in Hospital, Endell Street, W.C. ; Rotunda Lying-in Hospital, Dublin ; Clapham Maternity Hospital, 41, Jeffreys Road, S.W. ; City of London Lying-in Hospital, City Road, E.C.

A number of Scholarships, Bursaries, etc., are open to students, particulars of which, with further useful information and detail, can be obtained by referring to the School Prospectus, forwarded free on application to the secretary, Miss Heaton.

At the Edinburgh School of Medicine for Women, no student is admitted under the age of eighteen, and a form of application must be obtained from the secretary, filled up, and returned at least a month before the beginning of each session. No one can be admitted to the classes until a favourable answer has been given. Students must conform to directions given by the dean (Dr. Sophia Jex-Blake) from time to time ; must take the advice of the dean respecting their curriculum, both as to order of study and as to repetition of any class ; cannot proceed to any professional examination without the sanction of the dean, who will, when necessary, make arrangements for special probationary examinations, for which a small fee will be charged, and must satisfy the dean that lodgings selected by themselves are of a desirable character in all respects.

A full curriculum of instruction in all subjects is provided.

Anatomy and practical anatomy, chemistry and practical chemistry are given every year at the school, and physiology at Surgeons' Hall ; as also courses of clinical medicine and surgery at the hospital ; and the other courses in biennial rotation.

COST.—The whole amount of a student's fees for education and examination may be set down at about £160. This includes £30 as examination fees for the "Triple Qualification" of the Scotch colleges. The usual arrangement as to the fees for the classes in the school is to pay £30 for each of the first two years, £25 for the third, £20 for the fourth, the fifth year being free. The cost of books, instruments, etc., will vary from £10 to £30 over and above the £160.

SCHOLARSHIPS.—(1) The Executive Committee hope every year to be able to offer two or three Entrance Scholarships of £25 for competition to those who need assistance. (2) The Arthur Scholarship, of the value of £50, open to competition among first year's students who need help; open in March, 1896. (3) The Waldie Griffith Scholarship of £30, open similarly to the last. (4) The Dufferin Scholarship of £100, open to women who intend to practise in India, is hoped to be again available as in 1890. (5) The Cropper Scholarship of £50. (6) Some five missionary societies frequently give help in bearing the cost of education, and there are also the George Heriot Bursaries for Women Students.

The classes at this school form an integral part of the Extra-Mural School (the School of the Royal Colleges) of Edinburgh, and provide the whole curriculum required by the Scottish Conjoint Board, and the classes also qualify for such of the Examining Boards as are open to women, namely, the University of London, the University of Edinburgh, the University of St. Andrews, the Royal University of Ireland, the Conjoint Irish Colleges of Physicians and Surgeons, and the Society of Apothecaries of London.

It is to be hoped that a hall of residence may ultimately be opened in connection with the school, and in the mean time Miss La Cour will be glad to assist students to find desirable lodgings, or board in families. The latter can be obtained at about £1 per week, or more, according to requirements. Arrangements are made to supply a substantial midday meal at the school during the session for those who cannot conveniently go home. The charge is £3 for a winter session, and £1 10s. for a summer. Further particulars can be obtained from Miss La Cour, or the *Edinburgh Medical School Calendar*, published by E. and S. Livingstone, 15, Teviot Place, Edinburgh, price 2s. ; post free, 2s. 3d., or the prospectus of the school, on application to the secretary, Miss La Cour.

At the Medical College for Women, Edinburgh, precisely the same facilities are given as to the male students at the School of Medicine, Edinburgh, and arrangements, fees, and regulations are similar (see p. 10). All the teachers are qualified lecturers of the school, and their courses admit to the qualifying bodies for women. The classes are open to all ladies, whether taking a full medical curriculum or not. The school is a large and vigorous one. Prospectus and all information can be obtained from Miss H. F. Mackay, 30, Chambers Street.

For the University of Glasgow a complete medical education is given at Queen Margaret College, which has been transferred or affiliated to that University. The University of St. Andrews does not as yet give a complete medical course, but women are admitted to the classes of botany, zoology, physics, chemistry, and physiology ; and the lecturers of the Edinburgh School of Medicine are held

ex officio to give qualifying courses in their various subjects for the degrees of M.B., C.M. of that University.

The course of study, degrees, regulations, fees, etc., are the same as for men; but women students have their own buildings, with reading and writing rooms, drawing-room, library, etc., and are taught in classes apart from male students, and have all the rights and privileges of University students. Their clinical studies are taken in the Royal Infirmary, where wards (110 beds) are reserved for their exclusive use, and in its dispensaries.

A scholarship of £25 for three years is open to competition by first-year students. The Mackintosh Mental Science Bursary of £30 is open to medical students who have attended the insanity lectures. The University Commissioners issued an ordinance on May 11, 1895, to make regulations for the admission of women to certain bursaries, scholarships, and fellowships.

The class and hospital fees for the subjects enjoined by ordinance as constituting a five years' course of study and clinical work amount to about £98 14s. To this must be added £5 5s. for matriculation fees, £23 2s. for examination fees, and £5 5s. for registration as a practitioner.

There is a house of residence for women students at Queen Margaret Hall, situated near the college. For information regarding terms, etc., apply to Mrs. Riddoch, 2, Lawrence Place, Dowanhill, Glasgow, or to Mr. James Maclay, 169, West George Street, the joint honorary secretaries. The cost for board and residence is £32 or £40 for the college session of thirty-two weeks, according to accommodation.

For further information, apply to Miss Galloway, Queen

Margaret College, Glasgow, W.; or consult the *Queen Margaret College Calendar*, published by James Maclehose and Sons, 61, St. Vincent Street, Glasgow, price 1s., post free, 1s. 2d.; or the Prospectus for session 1895-96, by the same publishers.

There are classes available for women at University College, Dundee, where the first two years of the curriculum can be completed; but the rest of the course must be taken elsewhere. If in Edinburgh, it will necessarily be at one or other of the two schools alluded to, and the course, examination fees, etc., of the second of these are those of the Conjoint Board (see pp. 13 and 17).

The three Irish schools (mixed) are situated at Dublin, Belfast, and Cork. Lady students have a separate dissecting-room and waiting-room, but share lectures and hospital teaching with the men, the fees being identical (see p. 11).

The Newcastle (mixed) school has been rebuilt within the last few years, and is provided with the most modern appliances.

As to choice of a school, I cannot do better than quote the valuable advice given by Mrs. Garrett Anderson, M.D., to the would-be student, in the *Fortnightly Review*.

“What women want is not such an amount of medical education as will enable them to become legally qualified practitioners, but the best possible education to enable them to develop into first-rate doctors. By far the most important point about a medical school is its quality. Is the teaching offered as good as it is possible to get? Does each student get the amount of overlooking and help she can use? Are the subjects taught in their proper order? Has there been a liberal expenditure on the school plant, such as laboratories, museum, library, etc.? Is the hospital practice attached to the school as good as can be had by women anywhere? Are the hospital posts open to the

female students?—*i.e.* can the best women of each year become house surgeons or house physicians in the hospital in which they study?

“Intending students and their friends should try to satisfy themselves on the quality of the teaching at the school they propose to enter, by noting the results as shown in the degrees taken (students from the best schools usually aiming at the highest examinations), and finally, by comparing the hospital practice attached to each school, and noting which of the various hospitals affords to its students the fullest opportunities of gaining experience after graduation. The second point to consider would be which of the various schools would suit the individual student best, and here the rival merits of mixed or separate schools would have to be weighed. For young women who enter upon the study of medicine at eighteen or nineteen, the schools for women only would probably in almost all cases be thought the most suitable. They have at least the great merit of offering to women of that age a much more cheerful and unconstrained life than they could have in a mixed school, where they would be more or less isolated and a class apart. In a school for women only the students are more at their ease, they make friends readily among themselves, and their lives are likely to be brighter and happier than they would be in the publicity of a mixed school, where they would be ever conscious of the responsibility inherent in their position.

“The third leading consideration in choosing a school will often be its cost, and in this respect the mixed schools will probably for some time have an advantage over the separate schools for women only. The cost of medical education, apart from that of the examinations, varies as much as does that of the different diplomas. At the most expensive school (London), the minimum fee for the five years’ course is £135, while at the cheapest school the fee is £70 for the same length of course. Nor is this difference of cost an arbitrary one, which could be done away with if the executive councils of the more expensive schools were disposed to do so. It is impossible to have a small school at once as good and as cheap as a large one can be. If it is to be as good as the large one it must cost more, and if it is to be as cheap it must be less good. To organize a small school as perfectly as possible, and to supply costly apparatus for a few students, is necessarily expensive, and the fees must be considerably higher than they would be in a school four or five times the size. The incidental expenses also of sending a daughter a long distance from home to study medicine are considerable. Many parents would not mind the difference in school fees only, as between a separate and a mixed school, but they shrink from the expense of putting a daughter to live for five

years in a comfortable home in London, Edinburgh, or Glasgow, and of having to provide for two or three long journeys to and from the school each year during her student life. As the number of students in the separate schools increases it will be possible, however, to reduce the scale of fees, and one advantage now found on the side of mixed schools will diminish in importance. On the other hand, it is likely that women will in much larger numbers than heretofore begin the study of medicine early in adult life, and that for those doing so a separate school will continue to be preferred. It is an immense advantage to a young woman to get through examinations, while the memory is strong, and before the habit of steady mental work has been lost by several years of desultory home-life. Probably the best method of coping with the constant tendency to screw up medical examinations to a higher and higher point, is to begin working for them before the memory loses its youthful force, and to take time enough to prepare comfortably for each examination as it comes. Experience and practical knowledge of the world, as well as of the medical art, can be increased after the burden of examinations is over, and the burden itself is less severe to the young than to those even a few years older. In the case, however, of ladies who may intend to begin to study medicine in middle life, and who may be living a long way from any one of the separate women's schools, the mixed schools would offer many attractions. It is fortunate that schools of both kinds now exist, and that it will be possible in due time to judge by experience which system is, on the whole, the best for both classes of students.

“Before entering upon the career of a medical student, a woman should consider well whether she is in a position to meet the serious calls which the career will make upon pocket and health. She must be prepared to spend at least five full years at a medical school (after passing a preliminary examination in Arts), and must remember that during this period she will find her time fully occupied, and should not attempt—in fact, if she does her duty, should have no time—to earn a penny. Further, the work, which is severe and prolonged, and of necessity sometimes performed under somewhat unhealthy conditions, makes a serious call upon a constitution not naturally robust.”

The minimum cost of various qualifications varies from about £10 to £35 (see pp. 15 to 18) or more. The licence of the conjoint Irish boards is the most costly, and the

M.B. degree of the Royal University of Ireland and of the University of London is the least expensive ; but the sums named above do not include the fees for the various Arts examinations (one of which must always precede registration as a student), nor yet the fees for the higher and voluntary examinations after registration as a practitioner.

The degrees of the Universities of London, Durham, Ireland, Edinburgh, Glasgow, and St. Andrews, and the diplomas of the Colleges of Physicians and Surgeons of Edinburgh and Glasgow and of Ireland, and the Licence of Apothecaries' Hall, London, are all open to women.

In 1894 twenty-two students at the London School of Medicine became registered medical practitioners, and the number of students attending the school in January, 1895, was 152. Over two hundred fully qualified women are now on the medical register ; about fifty-five are practising in London, and fresh opportunities are opening up for them every year. The following are the principal medical institutions in Great Britain officered wholly or partially by registered lady doctors :—

The New Hospital for Women, 144, Euston Road, London, N.W.

The Portobello Road Provident Dispensary for Women and Children, 193, Portobello Road, Notting Hill, London, W.

The Clapham School of Midwifery, 131, Clapham Road, S.W.

The Clapham Maternity Hospital, 41, Jeffreys Road, S.W.

Dispensaries for Diseases of Women and Children, in connection with above Hospital.

St. John's Maternity, 18, Albert Road, Battersea.

Bristol : The Dispensary for Women and Children.

Edinburgh : Hospital and Dispensary for Women and Children, 9, Grove Street.

Birmingham : The Midland Hospital for Women. Children's Hospital.

Manchester : The Dispensary for Women and Children, 74, Canal Street, Ancoats.

Birkenhead : Ladies' Charity and Lying-in Hospital, Conway Street.
Wirral Hospital for Sick Children.

A few particulars respecting one or two of the above may be acceptable. The New Hospital owes its existence to Dr. Garrett Anderson. When Miss Garrett, she was for some years the only resident medical officer of a dispensary opened near Lisson Grove, London, in 1866, to afford poor women and children the option of consulting a lady doctor. She was joined by the ladies who had graduated at Zurich, and the dispensary by degrees developed into a small hospital, which went through various changes, until it became the New Hospital for Women in the Euston Road. This admirable institution is worked entirely by women, contains forty-two beds, and has a large out-patient department. The number of new patients is limited to thirty a day, but the old and new patients together seen on one day is often 130, and an outdoor maternity department is worked successfully.

The Clapham School of Midwifery was started as a maternity charity in 1885, by a former student of the London School. A lying-in hospital with twenty beds is in connection with the school. All the consultants and operators are women. The Maternity Charity at Battersea is also under the management of the Clapham ladies.

Here are some of the other appointments held by lady doctors in this country, and the names of the present (1895) holders of office :—

Miss Edith Shove, M.B. Lond., Medical Officer (Female Staff),
General Post Office, London.

Miss Cradock, L.K.Q.C.P.I. and L.M., Medical Officer (Female Staff), Post Office, Liverpool.

Dr. Anna Dahms, Medical Officer (Female Staff), Post Office, Manchester.

Dr. Sophia Jex-Blake, Lecturer on Midwifery, Extra-Mural School of Edinburgh.

Miss Agatha Porter, L.R.C.P. and S., Resident Medical Officer, Chorlton-cum-Medlock Union Hospital.

Miss Annette Benson, M.D. Lond., Senior Physician, Kama Hospital, Bombay.

Mrs. Berry, M.B. Lond., Anæsthetist, Alexandra Hospital for Children, and Physician to Imperial Life Insurance Co.

Miss Dove, M.B. Lond., Resident Medical Officer, Holloway Sanatorium, Virginia Water.

Miss Eleonora Fleury, M.B., B.Ch., R.U.I., Assistant Medical Officer, Homerton Fever Hospital, London.

Miss Urquhart, Medical Officer to the Edinburgh School Board.

Miss Jane Waterston, M.D., Visitor to Robben Island, Walkenberg, and Old Somerset Lunatic Asylums. Appointed by the Government of Cape of Good Hope.

Miss Maude Sturge, M.B. Lond., Assistant Medical Officer, Fever Hospital, Stamford Hill, London.

Miss Jean Robertson, L.R.C.P. and S., Resident Medical Officer, Babies' Castle, Hawkhurst.

A large number of qualified lady doctors have gone to India, China, South Africa, and Australia. The principal Indian hospitals where appointments are open to women are the Kama Hospital, Bombay; the Victoria Hospital, Madras; Lady Dufferin's Dispensary, Calcutta, Maternity Hospital, Lahore; Maternity Hospital and Medical School, Agra; and the Hospital for Women and Children, Patiala. Information as to salaries, methods of obtaining these posts, etc., may be obtained from the Secretary of the London School of Medicine for Women. Ladies with a British qualification are working in India as doctors under Lady Dufferin's Fund, and about thirty in connection with the various missionary societies.

The need of missionary lady doctors is increasingly felt, but many are unable to study owing to the great expense incurred. To meet this difficulty, most of the missionary societies have special funds for enabling their approved candidates to study at the London School of Medicine for Women and elsewhere.

The Fanny Butler Scholarship of £14 10s. a year for four years is awarded to a student at the London School who will engage to work under the Church Missionary Society. There are also the John Byron Bursary of £20 a year, the Stuart Mill Scholarship of £30 a year, a Medical Scholarship of £100 a year, the Helen Prideaux Memorial Scholarship of £50, the Wood Prize and other scholarships and bursaries open to students of the London School, full details of which can be obtained on application to Mrs. Thorne, the honorary secretary. Entrance scholarships—giving free education for one year—are also offered at the Edinburgh School of Medicine for Women to those who desire to become medical missionaries, and are unable to meet the whole expenses of the course. In cases of special desert, further aid may be given by the Missionary Committee at the end of the first year. Candidates must have passed the preliminary examination in Arts, or be ready to pass it in the October following application, which should be made to the Secretary, School of Medicine for Women, Surgeon Square, Edinburgh, with stamped and addressed envelope for reply.

Attractive as medical work in India may appear, I doubt if the need of India for lady doctors can be met by English women, for, valuable as the experience may be, the climate is extremely trying, and to labour in an Indian town will

sorely try the strength of the most robust. Besides, India is a poor country, and fees consequently rule low. Many native ladies show no little capacity for the profession, and as years go by I believe that the English lady doctors' principal work in India will be in training their dusky sisters for qualification. Comparatively few Englishwomen can endure the climate for many years at a time, and as year by year the position of lady doctors improves in Great Britain and more posts are opened to them, there is less necessity for them to be driven from their native land in order to earn a living.

"It is, for obvious reasons," remarks Mr. Robert Wilson, in the *Fortnightly*, "a matter of great difficulty and delicacy to speak at present of the incomes earned by ladies practising medicine in England. They are so few as to be well known, and the most cautious statements might be capable of undesirable but pointed personal application. Out of several statements given to me for discretionary use, I select one, first, because it is typical, and gives one a glimpse at an average, and not an exceptional case ; and, secondly, because what it records can be so put that I run no risk of laying matters of purely private import open to public identification. In the first year after Miss —— settled in a provincial town as a regular practitioner, her books show she had 113 private paying patients. Of these 46 came to consult her as an obstetrician. In the next year she had 164 patients, of whom 64 were 'obstetrical cases.' Every year since then there has been a progressive increase ; but the proportion between the 'obstetrical' and general cases remains relatively the same.

"The records of the New Hospital for Women, and of the dispensaries at Bristol, Edinburgh, Leeds, Birmingham, Manchester, and Notting Hill, officered by women, also indicate that there is a real demand for the services of medical women among the working class. I take as typical the returns now before me of a provident dispensary for women, opened recently in a London suburb. There they had, in the course of the first nine months, 200 members on the books. They had 788 consultations, either in the dispensary or in patients' houses, and of these 12 per cent. were for the special diseases of women.

“A broad survey of the facts leads me to the conclusion that the medical women now in practice in England have done fairly well. Indeed, these facts indicate that a woman has rather a better chance than a man in starting as a doctor, for if she settle in a good provincial town she usually has no competitor of her own sex to fear, and, without buying a practice, she is pretty sure, even though she put forth no very extraordinary efforts, to earn about £200 a year after being in practice for two years. After that her income increases more rapidly—for it is in earning the first £200 by fees that the medical practitioner has the hardest struggle of his life. But though I thus infer that there is plenty of work, both remunerative and charitable, for medical women in large towns, I find no facts which indicate that they have any chance of becoming self-supporting in rural districts; and, what is still more remarkable, I see no tendency in lady doctors to become ‘specialists;’ indeed, ophthalmic and aural medicine and surgery, not to mention mental disease and the auriferous field of dentistry, seem to have no attractions for them.”

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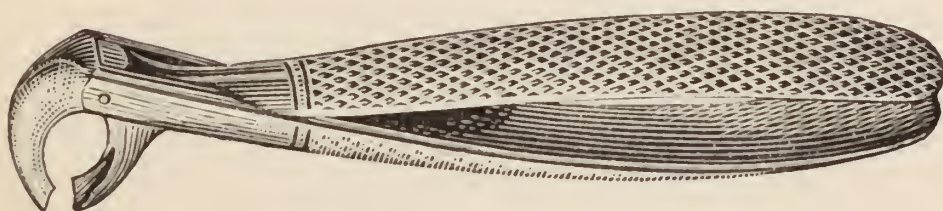
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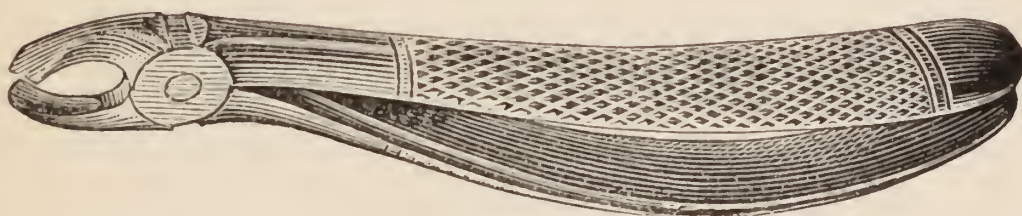
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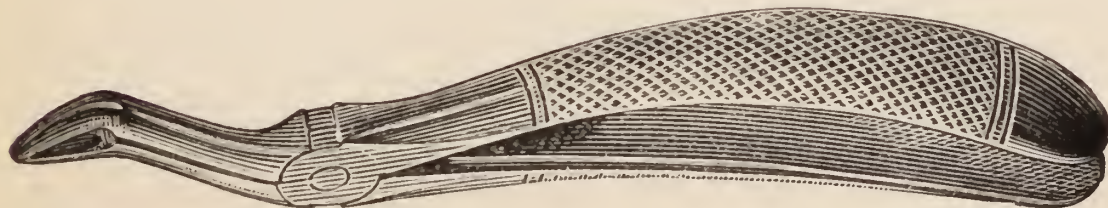
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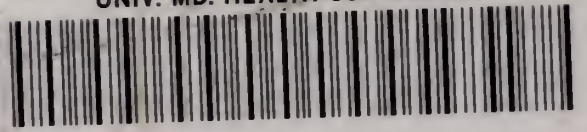
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